

MAIN OFFICE  
SACRAMENTO  
616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET

Earl Warren  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG

DIRECTOR

Sacramento

January 4, 1943

Hon. Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

SOCIAL WELFARE BOARD

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1815 REDWOOD HIGHWAY SOUTH  
SANTA ROSA

BEN KOENIG  
1680 NORTH VINE STREET  
LOS ANGELES

IN REPLY PLEASE REFER  
TO:

Dear Mr. Jordan:

Attached are three copies of regulations, currently effective, made by the State Department of Social Welfare.

These regulations are filed in accordance with Article 21 of Chapter 3 of Title 1 of Part 3 of the Political Code as amended by Chapter 628, Statutes of 1941.

Very sincerely yours,

*Charles M. Wollenberg*  
CHARLES M. WOLLENBERG, Director  
Department of Social Welfare

52:797  
Encls.

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FOR VICTORY



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MANUAL LETTER NO. 45

The material you receive herewith is to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separators for the revised chapters:

Welfare Personnel Standards	Revisions 34, 35, 36
Income	Revisions 3 thru 11
Continuing Services	Revisions 9 thru 22
Financial Procedures	Revisions 10 thru 30
Child Welfare Services	Revisions 1 and 2
Social Data Record Card	Chapter reissued
Table of Contents	Reissued
Fair Hearing	Chapter reissued
Table of Contents	(To be reissued in near future)

These revisions were adopted by the SSWB on October 28, 1943 and become effective immediately.

Many of the changes are necessitated by the 1943 amendments to the Welfare and Institutions Code. Your attention is directed particularly to the following material:

Sec. 077-01 and 077-02 permit the granting of a leave of absence to an employee who is serving a probationary period because of promotion to a higher classification.

Sec. 150-50 has a new item, No. 8, added to clarify the policy on payment of dues and membership fees.

The reissued chapter on the Social Data Record Card contains the revised Forms Ag, Bl, CA 230. These are to be used by the counties on all approved applications having action by the board of supervisors after December 31, 1943. An initial supply without cost is being forwarded under separate cover. Additional forms may be ordered from the State Bureau of Purchases.

The reissued Fair Hearing chapter contains two new sections, 325-40 and 325-42, setting forth, for the first time, the Department policy on stipulated appeals. Sec. 325-30 is being deleted as it has been combined with Sec. 325-20.

Secs. 361-80 through 365-99 contain the instructions for the revised Notice of Change (Form Ag, B1, CA 232). These forms are to be used by the counties for reporting all discontinuances having action by the board of supervisors after December 31, 1943. These forms are available now from the State Bureau of Purchases. The old forms may be used for increases, decreases, payment to county for hospital care, and restorations.

Sec. 362-15 has been deleted as the first paragraph is no longer applicable due to changes in Form Ag 232. The second paragraph of Sec. 362-15 has been added to Sec. 362-05.

Sec. 362-40 is now applicable to OAS only.

Sec. 362-45 is a new section covering instruction on Sec. II of the Notice of Change for ANB and APSB.

Secs. 601-30, 601-40, 601-50, and 601-60 have been deleted because the County Quarterly Report of Estimated Expenditures for Administration of Welfare Agency (Form DFA 98) and County Report of Estimated Annual Expenses for Welfare Agency (Form DFA 99) are no longer required.

Sec. 601-99 has had Forms DFA 98 and DFA 99 deleted as they are obsolete.

Sec. 610-60 now covers ANC for the first time.

Sec. 611-95 contains a cross reference to Sec. 628-06. The latter is a new section which was adopted by the SSWB on November 18, 1943. It will be issued in the near future.

Sec. 645-00 contains a new policy regarding Federal reimbursement for expenditures for postage, warrants and stationery.

Sec. 645-20 contains new policy regarding Federal matching for expenditures for personal services.

Sec. 646-99 includes the revised Administrative Expense Affidavit (Form Ag, B1, CA 807), and two new forms, Administrative Expense Worksheet (Salaries and Wages), Form DFA 64 Alternate, and Administrative Expense Worksheet (Maintenance and Operation), Form DFA 64A Alternate. Administrative Expense Schedule (Form DFA 147) is deleted as obsolete.

The Forms Ag, B1, CA 807 must be used for the January claims. The use of the Forms DFA 64 Alternate and DFA 64A Alternate is optional with the counties. An initial supply will be mailed under separate cover. Additional forms without cost may be secured from the SDSW upon written request.

The issuance of this material renders obsolete all of Department Bulletins 114A, 214, 219 and 219B.

Certain portions of other Department Bulletins are rendered obsolete as follows:

Dept. Bulletin #136: Page 1, 3d paragraph, and first sentence of 4th paragraph, are obsolete due to the issuance of Sec. 610-75.

Dept. Bulletin #206: Page 2, Sec. II, Item 1, sentences 1 and 2, and all of Sec. III, beginning on page 2 and ending on page 3, are obsolete due to the new Sec. 611-55 and the revised Sec. 611-50.

Page 4, first sentence, beginning "Under Remarks", is obsolete due to Sec. 362-30.

Dept. Bulletin #211: Page 23, last paragraph, and page 25, Sec. II, including example C at top of page 26, are obsolete due to Secs. 611-50, 611-60 and 611-70.

Portions of existing bulletins which have been rendered obsolete by the issuance of this material should be so marked on those bulletins.

STATEMENTS CONTAINED IN THE MANUAL TAKE PRECEDENCE  
OVER SAME MATERIAL PREVIOUSLY RELEASED IN BULLETINS

072-00

**WELFARE PERSONNEL STANDARDS Organization and Administration**

12. He has otherwise violated provisions of these rules.

A disqualified applicant shall be promptly notified of such action, and an applicant who is not admitted to an examination because of failure to meet preliminary requirements shall be notified by letter addressed to his last-known address sufficiently in advance of the examination to allow for submission of additional evidence to examining agency.

Any person whose name is removed from an eligible list may appeal to SSWB for reconsideration. (See Sec. 076-60, Appeal From Removal From Eligible List.)

**072-00 Sec. 072-00 Conduct of Examinations****WPS**

Written tests shall be conducted simultaneously in as many places as are necessary for the convenience of the applicants and as are practicable for proper administration. The examining agency may designate such monitors as may be necessary to conduct examinations under prescribed instructions.

The identity of persons taking competitive written examinations shall not be disclosed to the examiners. An identification number, which shall be used to identify all papers of each applicant, shall be assigned by the examining agency to each applicant. Any examination papers bearing name of applicant or identification other than an identification number shall be rejected. In cases of rejection, examining agency shall promptly notify applicant.

**072-05 Sec. 072-05 Rating Examinations****WPS**

The examining agency shall determine the results of each applicant's examination in accordance with the weights for the several parts established by the examining agency in conformity with these rules as set forth in the examination announcement. All applicants in the same examination shall be accorded uniform and equal treatment in all phases of the examination procedure except that applicants who are eligible for veterans' preference shall be given additional credit in open competitive examinations in the manner outlined in this section.

In the case of all open competitive examinations, veterans with thirty days or more of service, who become eligible for certification from eligible lists by attaining the passing mark established for the examination, shall be allowed an additional credit of five points, which shall be added to the percentages attained in such examinations by such veterans, and they shall be placed on eligible lists and be eligible for appointment in the order and on the basis of the percentages attained by them in examinations after such credit of five points shall have been added.

Proof of eligibility for veterans' preference shall be submitted not later than the date of the examination by filing such proof in the form prescribed by the SSWB.

All ties shall be decided in favor of veterans. In the case of promotional examinations, no credit for veterans' preference shall be allowed to veterans.

It is the purpose of this section to give preference to all persons who have served the Government and the people in the Army, Navy, Marine Corps, Revenue Marine Service, or as active nurses in the American Red Cross or the Army and Navy Nurse Corps, and particularly to persons who have rendered such service during the Ally-Germanic War, the Spanish-American War, the Philippine insurrection, the Boxer uprising, the Indian wars, or the Civil War.

Examining agency shall utilize appropriate scientific techniques and procedures in rating results of examinations and in determining final scores of competitors. In determining the system for rating results of examinations, examining agency shall give due regard to the number of candidates and to the number of vacancies which may reasonably be expected to occur in the life of the eligible list.

**072-07 Sec. 072-07 Applicant May Be Placed on List for Lower Class****WPS**

Where an examination is being held for any given class, the examining agency may place an applicant on a list for the lower class, if in its opinion the applicant is qualified to fill lower class of position but is not qualified to fill the higher position; provided, however, that an examination has been announced and is in progress for said lower class. An applicant applying for an examination on a promotional basis may in same manner and under similar conditions be passed in an open examination if such is in process at same time.

**072-10 Sec. 072-10 Rating Training and Experience****WPS**

If training and experience form a part of the total examination, examining agency shall determine a procedure for evaluation of training and experience qualifications of the various applicants. The formula used in appraisal shall give due regard to recency and quality as well as quantity of experience and to pertinency of the training. This procedure shall allow for substitution of training for experience, and experience for training, within limits stated in class specifications.

**072-15 Sec. 072-15 Investigations****WPS**

Before rating training and experience or prior to certification from eligible list, examining agency may, and for positions involving important administrative and executive functions shall, investigate applicant's training and experience to verify statements contained in his application form and to adduce evidence regarding his character and fitness. If this investigation produces information affecting the rating of training and experience, examining agency shall rate or rerate the applicant's record accordingly, and make necessary adjustments in eligible list. The applicant shall be promptly notified of such rerating.

**072-20 Sec. 072-20 Qualifications Appraisals****WPS**

In examinations where education, experience and personal qualifications of candidates are to be rated as part of the total examination for a position, examining agency shall appoint one or more Qualifications Appraisal Boards as needed. A Qualifications Appraisal Board shall consist of persons known to be interested in improvement of public administration and in selection of efficient government personnel, and at least one of whom shall be technically familiar with character of work in position for which applicant will be examined. In the event of a shortage of qualified persons available to assist in conducting interviews, officers or employees of a county welfare department who are qualified may be selected to serve on a Qualifications Appraisal Board by the examining agency, but said officers or employees shall not rate any employee who, at the time of the interview, is working for the same county welfare department as the member of the Qualifications Appraisal Board. No person holding political office, nor any officer or committee member of any political organization, nor any person actively engaged in the work of any political organization, shall serve as a member of any such board. If practicable, all applicants qualifying for same class shall be rated by same Qualifications Appraisal Board.

**072-25 Sec. 072-25 Notice of Examination Results****WPS**

Each applicant shall be notified in writing by examining agency of his final rating as soon as rating of examination has been completed and eligible list established.

**Sec. 071-60 Contents of Qualifying and Open Competitive Examinations**

071-60

**WPS**

Examinations shall include:

1. Practical written tests as an integral part of all examinations (for exception, see Sec. 075-35, Noncompetitive Promotions);
2. A competitive performance test for stenographic and typing positions and a qualifying performance test for other positions involving the operation of office machines;
3. A rating of training and experience for the more responsible positions, including all professional, technical, supervisory, and administrative positions;
4. Qualification appraisals for positions requiring frequent contact with the public, or which involve important supervisory or administrative duties.

After consultation with the SSWB the examining agency shall assign definite weights to each part of the examination and such weights shall be included in each public announcement of the examination.

**Sec. 071-65 Notice of Examinations**

071-65

**WPS**

The examining agency shall give public announcement of all examinations at least three weeks in advance of the closing date for receipt of applications. Every reasonable effort shall be made to attract qualified persons to compete in these examinations. Notice of examinations shall be posted in important centers throughout State and copies shall be sent to newspapers of State-wide circulation, radio stations, educational institutions, professional and vocational societies, public officials, and such other organizations and individuals as examining agency may deem expedient.

Mailing lists of public personnel agencies shall be used wherever possible.

Public announcement of examination shall include:

1. Date and place of examination;
2. Last date for filing application;
3. Reasonable information concerning the location of employment, the expected number of vacancies, and other conditions of employment;
4. Such parts of the class specifications as will adequately describe the scope of duties and responsibilities;
5. Minimum and additional desirable qualifications;
6. Salary or other compensation;
7. Number of candidates who may qualify through the examination;
8. District or districts for which the list is to be established;
9. All of the conditions of competition, including the relative weights assigned to the various parts in the examination, and the passing grades;
10. Such other information as will assist the public in understanding fully the nature of the employment and procedure necessary to participate in examination.

**Sec. 071-80 Filing Applications**

071-80

**WPS**

All applications shall be made upon official blanks furnished by examining agency filled out as therein directed, and filed in office of examining agency on or before the closing date specified in the examination announcement or postmarked before midnight of that date.

Applicants taking more than one examination shall file a separate and complete application for each such examination unless otherwise specified in the examination announcement.

Such applications shall include a statement from the applicant of all pertinent information regarding his training, experience, and age; and in addition, the examining agency may require a photograph of the applicant, a certificate of his physical fitness from one or more licensed physicians, and any other evidence of identification which is deemed necessary.

All applications shall be signed, and the truth of all statements contained therein certified by such signature.

All applications and examination papers are confidential records of examining agency and under no circumstances will they be returned to applicants.

**Sec. 071-85 Qualifications of Applicants**

071-85

**WPS**

Applicants shall:

1. Be citizens of United States;
2. Be legal residents of California for at least one year prior to the date of examination unless the residence qualifications are specifically waived by the SSWB.
3. Possess all entrance requirements specified in minimum qualifications established for class;
4. Be of good moral character, of temperate habits, and in all respects mentally and physically competent to perform duties of position for which candidate is competing.

**Sec. 071-95 Disqualification of Applicants**

071-95

**WPS**

Under the supervision and direction of the SSWB, examining agency may refuse to examine an applicant, or, after examination, may disqualify such applicant or remove his name from an eligible list, or refuse to certify any eligible on an eligible list if:

1. He is found to lack any of the preliminary requirements established for the examination for the class of position;
2. He is so disabled as to be rendered unfit for performance of duties of the class;
3. He is addicted to use of narcotics or habitual use of intoxicating liquors to excess;
4. He has been convicted of any infamous crime or other crime involving moral turpitude;
  - a. When offense was a misdemeanor, Personnel Officer may recommend to Director that disqualification under this section shall not be effected;
  - b. When offense was a felony, Personnel Officer shall secure and submit to Director complete information on the facts surrounding the case, the Director shall then decide whether disqualification under this section shall be effected;
  - c. When an applicant has been convicted of commission of a felony and it is decided that disqualification under this section is not effected, notice of such fact shall be given to appointing authority whenever applicant's name is certified for appointment.
5. He has made false statement of material fact in his application;
6. He has previously been dismissed from any public service for delinquency, misconduct, or other similar cause;
7. He has used or attempted to use political pressure or bribery to secure an advantage in examination or appointment;
8. He has directly or indirectly obtained information regarding examinations to which as an applicant he was not entitled;
9. He has failed to submit his application correctly or within prescribed time limits;
10. He has taken part in compilation, administration, or correction of the examinations;
11. He subscribes to subversive principles or advocates overthrow of or change in the form of government now existing in the United States and the State of California by any means other than as provided in the respective constitutions thereof;

**076-60 Sec. 076-60 Appeal From Removal From Eligible List****WPS**

An eligible whose name has been removed from an eligible list for any of the reasons specified in Sec. 073-10, Removal of Names From Eligible List, may appeal to SSWB for reconsideration. Such appeal shall be filed in writing with SDSW within 30 days after date on which notification was mailed to applicant. SDSW shall refer the appeal with all pertinent information to SSWB. SSWB, after investigation, shall make its decision and shall notify the eligible accordingly.

**076-70 Sec. 076-70 Appeal From Dismissal, Suspension, or Demotion****WPS**

Permanent employee who is dismissed, suspended, or demoted shall have right to appeal to SSWB not later than 30 days after effective date of dismissal, suspension, or demotion. Such appeal shall be in writing and shall be transmitted to SDSW which shall arrange a formal hearing within reasonable time after receipt of appeal. Both employee and county agency shall be notified reasonably in advance of the hearing and shall have right to present witnesses and give evidence before SSWB.

The SSWB, within 30 days after the hearing, shall make its recommendations in writing to county agency for consideration. After consideration of recommendations of SSWB, county agency shall make its decision which shall be final and which shall be duly recorded in permanent records of SDSW. SDSW shall, in writing, promptly notify employee of final decision of county.

All hearings and investigations of charges for dismissal of an employee shall be public and shall be governed by the provisions of these rules; and in the conduct thereof neither SSWB, its representative, nor any other party, shall be bound by technical rules of evidence, nor shall informality in any proceedings or in manner of taking testimony invalidate any order, decision, rule, or regulation made, approved, or governed by SSWB.

Appellant at such hearings shall have opportunity to present whatever competent evidence he may desire to submit in his own defense and shall have right to be represented by counsel. Witnesses may be subpenaed by SSWB, and SSWB shall have power to compel attendance of witnesses in accordance with this section.

**077-01 Sec. 077-01 Allowance for Leaves of Absence****WPS**

Subject to the approval of the county welfare director and the county board of supervisors, any permanent employee, or any probationary employee who immediately preceding his appointment to his present position held permanent status in some other class, may be granted a leave of absence without pay for a period not to exceed one year. An original leave of absence granted for a period of less than one year may be extended at the employee's request, and upon the approval of the county board of supervisors, for a period which when added to the period of the original leave of absence will not total more than one year.

**077-02 Sec. 077-02 Granting Leaves of Absence****WPS**

Leaves of absence without pay may be granted to permanent employees, or any probationary employee who immediately preceding his appointment to his present position held permanent status in some other class, for any of the following reasons:

1. To attend an institution of learning to improve the skills, knowledges, and techniques of their work in the county welfare department; however, upon the recommendation of the county welfare director and the county board of supervisors, and upon the approval of the SDSW, a permanent employee may be granted an educational leave of absence with pay or with partial pay.
2. Pregnancy;
3. Illness or disability;
4. Any other reason approved by the SDSW.

An employee requesting a leave of absence shall file his request in writing with the appointing officer. Such written request shall include the reasons for the request and the period for which the leave of absence is requested.

The appointing officer shall notify the SDSW of all approved leaves of absence, the period of the leave of absence, and the reasons for which the leave of absence was granted. The separation form (Form PS 21) used by the county welfare departments to report all separations of personnel to the SDSW shall be used for reporting leaves of absence.

An employee granted a leave of absence has a right to reinstatement to his former position upon the expiration of the period of his approved leave of absence, provided his position has not been abolished during his absence. In the event the employee's position has been abolished during the period of his leave of absence, his name shall be placed on the reemployment list for the appropriate classification.

If, during the course of the leave of absence, the employee has obtained a permanent position elsewhere, it shall be the duty of the employee to notify the appointing authority by tendering his resignation from the position from which he was granted a leave of absence.

Persons filling vacancies created by an employee's approved leave of absence shall be informed by the appointing officer that the tenure of their employment is temporary and subject to the return of the employee granted the leave of absence.

The failure of an employee to notify the appointing officer of his availability for reinstatement within ten days after the expiration of the period of the approved leave of absence shall constitute an automatic resignation.

**Sec. 076-40 Dismissal**

076-40

**WPS**

Appointing authority may dismiss any employee who, after appointment, has been convicted of an offense in connection with his duties, or of any felony or crime involving moral turpitude. "Conviction" here means a plea or determination of guilt in any court of record, and when such conviction is final, employee shall have no recourse to appeal to the SSWB.

Appointing authority may dismiss any permanent employee who is negligent or inefficient in his duties, unfit to perform his duties, or is guilty of gross misconduct. In case of such dismissal, employee shall be given 15 days' notice in writing by appointing authority stating specific reasons therefor. In extreme cases involving safety, morale, or efficiency of the service, appointing authority may immediately suspend an employee pending dismissal procedure.

In dismissals for cause and other punishments, like penalties shall be imposed for like offenses.

Whenever a dismissed employee who had permanent status, has been adjudged by the SSWB after appeal as dismissed without sufficient cause by appointing authority, the SSWB may place name of dismissed employee on eligible list from which it was taken with its original percentage rating. Such restoration, however, shall not permit a certification to position or to county agency from which employee has been dismissed, except upon written request of appointing authority.

Dismissal shall be reported to SDSW by appointing authority on Form PS-21, Report of Separation.

**Sec. 076-50 Appeal for Review of Examinations**

076-50

**WPS**

Upon the recommendation of the examining agency and with the approval of the SSWB, beginning the second working day after a written examination has been held and extending for a period not exceeding ten working days thereafter, any candidate may inspect a keyed copy of questions in the examination in which he has been a candidate, and may during such period of inspection file in writing an appeal against any part of the test, citing item or items against which appeal is directed, and reason for such appeal. An eligible list resulting from such test shall not thereafter be established until all of disputed items have been reviewed and appropriate adjustment made by correction in scoring key or elimination of items. Thereafter, no candidate shall be entitled to further appeal against results of the written examination except on grounds of fraud in scoring papers; provided, that nothing contained in this section shall nullify right of candidate to inspect his papers. Examining agency may provide an opportunity for review of test material at such places for such period of time as circumstances may from time to time require.

Any applicant who has taken an examination may appeal to the SSWB for review of his rating in any part of such examination to assure that uniform rating procedures have been applied equally and fairly. Such appeal must be filed in writing at the office of the SDSW within 30 days after the date on which the notification of the results of such examination was mailed to the applicant.

The SSWB will consider appeals from the decisions and ratings of qualifications appraisal boards solely for the reasons and upon the conditions, as follows:

1. For alleged irregularity, bias or fraud in the conduct of the investigation or interview; or
2. For alleged erroneous interpretation and application of the minimum qualifications prescribed for the examination; and
3. Upon receipt by the SSWB, within thirty days of the sending out of the notice of test results, of a written statement by the competitor setting forth the facts upon which he bases his appeal and the determination by the SSWB whether or not good cause exists for the consideration of the appeal.

If, upon considering such an appeal, the SSWB decides that the competitor possesses the minimum qualifications of education, experience, personal traits and fitness for the classification and merits a passing rating, it shall, in the absence of fraud on the part of the qualifications appraisal board, give him a rating on education, experience, and/or personal qualifications not in excess of the minimum passing grade prescribed for the examination.

A rating in any part of an examination shall not be changed unless compliance with the foregoing conditions has been made and unless it is found by the SSWB that a substantial error has been made. The SSWB's decision with respect to a review or change shall be final and shall be entered in its minutes. A correction in the rating shall not affect a certification or appointment which may have already been made from the eligible list.

**Sec. 076-53 Procedure on Appeals for Review of Examinations**

076-53

**WPS**

Upon the granting of a hearing on an examination appeal, SSWB shall request examining agency to prepare a report in answer to the appeal. A copy of such report shall be sent to appellant by registered mail at least 10 days prior to the hearing.

Appeals shall be heard on an informal basis by a referee appointed from the SSWB by its chairman. Employees of the SDSW whose presence is requested by the referee or the Chairman of the SSWB may be present at any appeal to render such assistance as may be required; however, no such employee shall appear in behalf of or against any appellant except upon subpoena.

Appellant shall be permitted to bring witnesses, papers or such documents as he finds necessary and may be represented by counsel.

Referee shall announce at the close of the hearing the date on which his report will be presented to the SSWB. Appellant shall be notified 10 days prior to the meeting. Assistant secretary of the SSWB shall notify appellant at least 10 days prior to the meeting of the date, time and place of the SSWB meeting at which his appeal will be presented.

Decision of the SSWB on any appeal shall be final. Rehearing of appeal may be granted if the SSWB is satisfied that new evidence is available which would affect the decision previously rendered or on discovery of a mistake of fact or law.

**150-10 Sec. 150-10 Provisions of W. & I. Code Regarding Income in OAS** W. & I. C. SECS. 2020.01, 2020.05  
OAS

The amount of aid to which any applicant shall be entitled shall be, when added to the income (including the value of currently used resources, but excepting casual income and inconsequential resources) of the applicant from all other sources, fifty dollars (\$50) per month. When the actual need of an applicant exceeds fifty dollars (\$50) per month, such applicant shall be entitled to receive aid in an amount (not to exceed fifty dollars (\$50) per month) which when added to his income (including the value of currently used resources, but excepting casual income and inconsequential resources) from all other sources, shall equal his actual need.

When amendments to the Federal statutes or rules and regulations of the FSSB permit, income or resources of the applicant shall not be deducted from the amount of aid to which the applicant would otherwise be entitled.

**150-20 Sec. 150-20 Provisions of W. & I. Code Regarding Income in ANB, APSB** W&I C SECS. 3084, 3449, 3472  
ANB; APSB

The amount of aid to which any applicant for ANB shall be entitled, shall be when added to the income (including the value of currently used resources, but excepting casual income and inconsequential resources) of the applicant from all other sources, fifty dollars (\$50) per month. When the actual need of an applicant exceeds fifty dollars (\$50) per month, such applicant shall be entitled to receive aid in an amount, not to exceed fifty dollars (\$50) per month, which when added to his income (including the value of currently used resources, but excepting casual income and inconsequential resources) from all other sources, shall equal his actual need.

The amount of aid to which any applicant for APSB shall be entitled shall be, when added to the net income of the applicant from all other sources, fifty dollars (\$50) per month. Net income from any of the following sources of a combined total value not exceeding four hundred dollars (\$400) per annum shall not be considered for any purpose:

1. Income from applicant's labor or services;
2. The value of food stuffs produced by the applicant or his family for his use or that of his family;
3. The value of firewood and/or water produced on the premises of the applicant or given to him by another for the applicant's use;
4. The value of gifts other than regular contributions by relatives legally responsible under this act;
5. The value of the use and occupancy of premises owned and occupied by the applicant;
6. The net income from real and personal property owned by the applicant. Income in addition to the above specified shall be computed on the basis of net income.

Free board and lodging supplied to an applicant for ANB or APSB because of his necessity therefor, by a friend or relative who is not responsible for his support or who is financially unable to support him, shall not be a ground for refusing aid.

**150-30 Sec. 150-30 Provisions of W. & I. Code Regarding Income in ANC** W. & I. C. SEC. 1523  
ANC

No child for whose specific support \$25 per month is paid, other than under the provisions of the ANC Law, is a needy child within the meaning of the ANC Law.

## Sec. 150-00 Provisions, W. &amp; I. Code Regarding Income

150-00

Old Age Security	Aid to Needy Blind Aid to Partially Self-Supporting Blind Residents	Aid to Needy Children
<p>The amount of aid to which any applicant shall be entitled shall be, when added to the income (including the value of currently used resources, but excepting casual income and inconsequential resources) of the applicant from all other sources, fifty dollars (\$50) per month. When the actual need of an applicant exceeds fifty dollars (\$50) per month, such applicant shall be entitled to receive aid in an amount (not to exceed fifty dollars (\$50) per month) which when added to his income (including the value of currently used resources, but excepting casual income and inconsequential resources) from all other sources, shall equal his actual need. (W. &amp; I. C., Sec. 2020.01.)</p> <p>When amendments to the Federal statutes or rules and regulations of the FSSB permit, income or resources of the applicant shall not be deducted from the amount of aid to which the applicant would otherwise be entitled. (W. &amp; I. C. 2020.05.)</p>	<p>The amount of aid to which an applicant for ANB shall be entitled, shall be when added to the income (including the value of currently used resources, but excepting casual and inconsequential resources) of the applicant from all other sources, fifty dollars (\$50) per month. When the actual need of an applicant exceeds fifty dollars (\$50) per month, such applicant shall be entitled to receive aid in an amount, not to exceed fifty dollars (\$50) per month, which when added to his income (including the value of currently used resources, but excepting casual income and inconsequential resources) from all other sources, shall equal his actual need. (W. &amp; I. C., Sec. 3084.)</p> <p>The amount of aid to which any applicant for APSB shall be entitled shall be, when added to the net income of the applicant from all other sources, fifty dollars (\$50) per month. Net income from any of the following sources of a combined total value not exceeding four hundred dollars (\$400) per annum shall not be considered for any purpose:</p> <ol style="list-style-type: none"> <li>1. Income from applicant's labor or services;</li> <li>2. The value of foodstuffs produced by the applicant or his family for his use or that of his family;</li> <li>3. The value of firewood and/or water produced on the premises of the applicant or given to him by another for the applicant's use;</li> <li>4. The value of gifts other than regular contributions by relatives legally responsible under this act;</li> <li>5. The value of the use and occupancy of premises owned and occupied by the applicant;</li> <li>6. The net income from real and personal property owned by the applicant.</li> </ol> <p>Income in addition to the above specified shall be computed on the basis of net income. (W. &amp; I. C., Sec. 3472.)</p> <p>Free board and lodging supplied to an applicant for ANB or APSB because of his necessity therefor, by a friend or relative who is not responsible for his support or who is financially unable to support him, shall not be a ground for refusing aid. (W. &amp; I. C., Secs. 3049 and 3449.)</p>	<p>No child for whose specific support \$25 per month is paid, other than under the provisions of the ANC Law, is a needy child within the meaning of the ANC Law. (W. &amp; I. C., Sec. 1523.)</p>

150-60 Sec. 150-60 Recording of Casual Income and Inconsequential Resources W&IC SECS. 2140, 2141, 3075  
OAS; ANB

When income received by a recipient is determined to be "casual income" or an "inconsequential resource" the case record shall show all of the facts which led to the conclusion that the income was in fact casual or the use of the resource was in fact inconsequential. It is not necessary to report the receipt of the casual income to the SDSW.

When the "casual income" is from earnings the record shall show:

1. The nature of the employment.
2. The circumstances at the time employment began which were reason for considering that it would be temporary and of short duration rather than permanent employment. This is ordinarily the statement of the recipient but information from other appropriate sources to support or refute his statement may be necessary in some cases.
3. The beginning date of the employment and the date employment terminated. The recipient's statement of the beginning date of employment is adequate unless there is information which conflicts with his statement, in which case independent information should be secured if possible. The date the employment terminated shall be verified through the best source available, the recipient's statement being accepted only when other sources of verification are not available.
4. The amount earned during the employment. Verification should be secured when reported earnings seem inconsistent with type of work and length of employment; otherwise, record statement of recipient.

Example: A recipient is employed in agriculture. Recipient reported that he intended to work only until the crop was harvested if he could "hold out" that long. He reports that employment began July 15. Grower stated that employment terminated August 25. Total earnings for period, for example, \$22.

When the "casual income" is from a source other than employment, or the net return from the use of a resource has been determined to be inconsequential, the record shall show:

1. Source of the income.
2. The amount of the income or the value of the resource and the date received as reported by the recipient. Verification should be secured when the income or the value of the resource seems illogical.
3. The facts on which conclusion is based that the income or the resource is of no appreciable value in meeting the continuing needs of the recipient.

**4. Gifts:** The value of the usual small gifts in cash or in kind given in commemoration of holidays and anniversaries is casual income. Other occasional small gifts of food, clothing and household supplies might also constitute casual income.

A gift in cash or in kind earmarked for a specific purpose and not directly connected with the meeting of the basic needs of the recipient, such as the gift of a railroad ticket or of a sum of money for the purchase of such ticket might constitute casual income.

If the earmarked gift is retained for the specified purpose beyond the month in which it is received, it becomes personal property. A reputed gift of an appreciable amount from a responsible relative may in fact be a contribution rather than a gift, and determination shall be based on the pecuniary ability of the relative to make regular contributions toward the support of the recipient.

(Gifts of items of personal property such as the gift of a radio, refrigerator, chair, etc., do not represent income, but their market value shall be taken into consideration in determining personal property holdings in accordance with the rules governing the respective category of aid.)

**5. Produce and utility resources:** The value of the use of garden, orchard or farm produce, firewood and/or water, developed and utilized by the recipient and his immediate family might ordinarily constitute an inconsequential resource.

**6. Interest on savings accounts and securities:** Interest payments on savings accounts and securities are usually so small as to have no appreciable significance in meeting the continuing basic needs of a recipient and might in general constitute an inconsequential resource.

Example a: A recipient has a savings account of \$400 on which he will receive interest at the rate of  $1\frac{1}{2}\%$ , or \$6, payable semi-annually. This small amount of interest might be considered an inconsequential resource.

Example b: Should the recipient possess \$400 worth of bonds on which he receives interest at the rate of 5%, or \$20, payable quarterly, this more substantial amount of interest might not ordinarily be considered an inconsequential resource.

**7. Results of barter transactions:** The result of the exchange arising out of occasional barter transaction which does not materially assist the individual in meeting basic continuing needs, such as the exchange of wood produced on recipient's property for work on road leading to recipient's house, might be casual income.

**8. Payment of dues and membership fees:** Dues and membership fees in benevolent, fraternal, or other non-profit organizations which are assumed by the organization or by another person in behalf of a recipient constitute casual income, unless such dues or fees entitle the recipient to benefits which appreciably contribute to his continuing basic needs.

## 151-40 Sec. 151-40 Definition of Small Intermittent Income in ANC W&amp;IC SECS. 1560

ANC

Small, intermittent income is that income which is received in small amounts, without sufficient regularity to be counted in partially meeting the recurring budgetary requirements as determined for the family.

The grant shall not be decreased because of the receipt of small intermittent income.

Such income may include:

1. Income from parents' occasional employment;
2. Occasional earnings of children in the fruit, and other odd jobs;
3. Occasional rent of rooms;
4. Small gifts in cash or in kind;
5. Other similar types of irregular income.

## 151-50 Sec. 151-50 Net Income From Wages, Salaries and Commissions W&amp;IC SECS. 2140, 2141, 3075, 3460

OAS; ANB; APSB

The net income from wages, salaries or commissions paid for services rendered is that amount which remains after allowing for the additional expense incurred by the recipient incident to the securing and retention of the employment. Such expenses may include:

1. Food—The reasonable cost of lunches or other meals necessarily purchased away from home due to employment.
2. Clothing—The cost of purchase of suitable clothing for employment. Although purchase of new clothing may not be necessary, employment may result in increased cost of clothing replacement.
3. Laundry and Cleaning Service—The cost of laundry and cleaning service if necessary because of employment.
4. Transportation—Cost of transportation incident to employment.
5. Union Dues—if union dues are paid.
6. Equipment—This may include the cost of tools necessary to the employment, the cost of camp tents, camp stoves, etc., if necessary because of employment away from home.

The case record shall show the method used in verifying the gross income. Those items which are deducted from the gross shall be clearly set forth so that the method by which the net income is computed is clearly indicated.

In OAS and ANB net income which is determined to be casual income shall be disregarded when determining the grant of aid. (See Secs. 150-40, Definition of Casual Income and Inconsequential Resources, and 153-80, Allocation of Income to Ineligible Spouse.)

## 151-60 Sec. 151-60 Income from Annuities, Pensions, Compensation, Trust Funds, Etc. W&amp;IC SECS. 1560, 2140, 2141, 3075, 3460

OAS; ANB; APSB; ANC

Money received from the following sources constitute income in the month received: (This list is not necessarily all-inclusive.)

1. Annuities;
2. Pensions (civil and military), including allowances to dependents of service men;
3. Benefits from industrial concerns, unions or lodges;
4. Old Age Survivors Insurance;
5. Industrial compensation payments except when the full award is made in a single payment. (A single payment in satisfaction of the full award is personal property.);
6. Unemployment compensation payments;
7. Trust funds;
8. In OAS, ANB, and APSB, services or care received under an enforceable contract.

For methods of verifying UI and OASI see Secs. 233-30, Verification of Unemployment Insurance, and 233-35, Verification of Old Age Survivors Insurance.

**Sec. 151-00 Definition of Income** W&IC SECS. 2140, 2141, 3075  
OAS; ANB; APSB

151-00

Income, other than casual income, is that which is actually available (not potential income) and which is received with sufficient regularity to form a basis on which the recipient may with security plan the necessary expenditures for his maintenance. Income means net income, i.e., that amount which remains after allowing for all normal items of expense incident to its receipt. Income may be in cash or it may be the value of a contribution in kind which materially assists the recipient in meeting his recurring basic needs, such as free rent, free board and room maintenance, etc.

Current income is that which is received in the current month or during the two months immediately preceding the current month. Regardless of the period over which it accrued it shall be considered income in the month received.

See Sec. 151-30, Definition of Exempt Income in APSB, and Sec. 150-40, Definition of Casual Income and Inconsequential Resources.

**Sec. 151-10 Definition of Income in ANC** W&IC SEC. 1560  
ANC

151-10

Income is that which is actually available (not potential income). Income means net income after allowing for all normal items of expense incident to its receipt. (See Sec. 151-40, Definition of Small Intermittent Income in ANC.)

**Sec. 151-20 Definition of Resource** W&IC SECS. 1560, 2140, 2141, 3075  
OAS; ANB; ANC

151-20

A resource is a holding of either real or personal property. The value of the "use of resources" means the net return from the resource and not the value of any capital portion of it. (See Sec. 150-40, Definition of Casual Income and Inconsequential Resources.)

**Sec. 151-30 Definition of Exempt Income in APSB** W&IC SECS. 3472, 3460  
APSB

151-30

Exempt income means the combined net income received from certain specific sources up to \$400 per year, which may be received without deduction from the grant.

These sources are:

1. Income from applicant's labor or service;
2. Value of foodstuffs produced by applicant or his family for his use or that of his family;
3. Value of firewood and/or water produced on the premises of the applicant or given to him by another for the applicant's use;
4. Value of gifts other than regular contributions by legally responsible relatives;
5. Value of use and occupancy of premises owned and occupied by applicant;
6. Net income from real or personal property owned by applicant.

After the exempt net income exceeds \$400 in a given year, an adjustment shall be made in the amount of aid and the total net income including aid shall not exceed \$50 per month. (See Sec. 361-15, Adjustment in Amount of Grant.)

An APSB recipient may have net income totaling \$400 per year from exempt sources and continue to receive the maximum amount of aid, unless a smaller grant must be given because he is receiving contributions from legally responsible relatives or any other non-exempt income. (See Sec. 153-80, Allocation of Income to Ineligible Spouse.)

A blind person making application for aid who has a regular monthly net income in excess of \$83.33 per month is deemed to have income sufficient to provide a reasonable and decent standard of living and is ineligible to aid.

151-90 | Sec. 151-90 Income from Crops or Livestock W&IC SECS. 1560, 2140, 2141, 3075, 3460, 3472  
OAS; ANB; APSB; ANC

Net income from the sale of crops or other farm products represents income to be considered in the month in which it is received. For exception in OAS see Sec. 151-95, Income from Agricultural Labor. Net income shall be determined by deducting the expenses which are incident to its receipt from the gross income. This does not include principal payments on encumbrances. (In APSB, principal payments may sometimes be deducted as an expense when such payments are made on property which forms an integral part of the plan for rehabilitation.) Although income may not be prorated over a period equivalent to that in which it accrued, the expenses incident to receipt of the income may be averaged.

Due to the number and kind of products produced, the wide variation in the particular items of expense in connection with them, and the frequency with which the income is received, no method of determining net income can be prescribed which is applicable in all cases. The facts in the individual case shall be given consideration. The following expense items are among those which should be considered when applicable: Taxes, assessments, interest, water, seed, the cost of spraying, pruning, and other cultivation costs, food, wages, cost of necessary repair and minor replacement of equipment, etc.

Certain expenses such as taxes, assessments, etc., are determinable on an annual basis. It is recommended that such expenses be allowed on the basis of a fiscal period terminating prior to the receipt of the income. When the crop is such that the income is received semi-annually or at more frequent intervals the proportionate share of the annual expenses may be considered together with other expense which is attributable to the production of the particular crop or product.

Upkeep expense is computed on the basis of actual expenditure and is not ordinarily applicable to any one crop. It may be deducted from the income from the crop or crops which mature next following the upkeep expenditure.

If the nature of the crop or product is such that it is desirable to determine the net income quarterly or semi-annually, any loss which is sustained for a particular period may be carried over as an expense to be added to the expense applicable to the next period.

Proceeds from the sale of the increase of livestock represent income to be considered in the month received. (See Secs. 151-95, Income from Agricultural Labor, and 141-00, Types of Personal Property.) Expenses incident to raising the livestock such as feed, pasture rent and prorated personal property tax should be considered, when applicable, in determining the net income to the recipient. (See Sec. 152-20, Income from Personal Property.)

The recipient shall be requested to keep an account of his income and expenditures. It is his responsibility to make his records available to the county for verification of the net income. (See Sec. 233-25, Verification of Income.)

151-93 | Sec. 151-93 Definition of Agricultural Labor W&IC SECS. 114, 2140; INT. REV. C. SEC. 1607  
OAS

For purpose of Old Age Security, "agricultural labor" is defined in accord with definitions set forth in the Internal Revenue Code and the U. S. Fair Labor Standard Act as follows:

Section 1607 Internal Revenue Code:

"Agricultural labor includes all services performed:

"(1) On a farm, in the employ of any person, in connection with cultivating the soil, or in connection with raising or harvesting any agricultural or horticultural commodity, including the raising, shearing, feeding, caring for, training, and management of livestock, bees, poultry, and fur-bearing animals and wildlife.

**Sec. 151-70 Net Income from Subrental of Rooms** W&IC SECS. 2140, 2141, 3075, 3460  
OAS; ANB; APSB

151-70

The net return from subrental of rooms in a rented house is income. (See Sec. 150-50, Types of Casual Income.)

The net income from subrental of rooms in a rented home is determined as follows:

1. When a recipient occupies a rented house and sublets a room or rooms and the rent and utilities for the entire house together with the replacement costs of linens and other household equipment for the roomers and the cost of any necessary service connected with that portion which is subrented is in excess of \$15, subtract \$15 from the total paid for rent, utilities, etc., and deduct the remainder, representing expenses attributable to the roomers, from the total rent paid by the roomers. The difference, if any, represents income to be considered in determining the grant of aid.

Example: A recipient pays \$35 rent and sublets two rooms for a total of \$20. The total cost of utilities, replacement of linens, etc., is \$10. The sum of the house rent and total cost of utilities is \$45. The first \$15 of this amount is allocable to the recipient. From \$45 deduct \$15 leaving \$30 expense attributable to the roomers. Since this expense exceeds the gross income from the roomers, there is no income to be deducted in determining the grant.

2. When a couple, either or both of whom receive aid, rent a house in which rooms are sublet, the net income shall be computed as in the foregoing, except that income from the roomers shall be applied toward that portion of the total expense which exceeds \$30 rather than \$15.
3. When a recipient sublets a portion of a rented house and the sum of the house rent and total cost of utilities, replacements, etc., is \$15 or less (double the amount in the case of a couple), the net income from the roomers after deducting their share of the estimated cost of utilities represents income to the recipient (one-half this amount in the case of a couple).

Example: A single recipient rents a house for \$11 and sublets one room for \$6. The total cost of utilities, replacements, etc., is \$3. Since the total of the house rent and the utilities (\$14) does not exceed \$15, it is necessary to estimate that portion of the utilities incident to the renting of the room. This amount is determined to be \$1. The net income to the recipient is the difference between the gross rent paid by the roomer (\$6) and the expense incident to the rental of the room (\$1) or \$5. This amount (\$5) shall be considered in determining the amount of the grant.

In OAS when need for a single recipient is determined by the budget method and there is income from subrental of rooms, the following method may be used in lieu of the method outlined in the foregoing: In the budget under "Need" show the full amount of rent paid for the house and the total utility and service expense including that which is applicable to the roomers. Under "Income" show the gross income from the roomers. If the house is rented by the recipient and the ineligible spouse, show one-half of the rent paid for the house, and one-half of the total utility and service expense including that which is applicable to the roomers as "Need" and include one-half of the gross income for the roomers in the "Income" side of the budget.

**Sec. 151-80 Income from Purveying of Board and Room** W&IC SECS. 2140, 2141, 3075, 3460  
OAS; ANB; APSB

151-80

In determining net income from board and room furnished by an applicant or recipient reasonable allowance shall be made for the cost of food provided and those expenses incident to the rental of the rooms. The difference between the amount of board and room paid and the expense represents the net income. The expenses will vary with the individual situation and a definite formula can not be provided which will fit all situations.

The recipient shall be requested to keep an account of his income and expenditures. It is his responsibility to make his records available to the county for verification of the net income.

See Secs. 151-70, Net Income from Subrental of Rooms, and 152-10, Occupancy Value of Homes Owned by Recipients, when the income received is from rental or subrental of rooms only.

## 151-95 Sec. 151-95 Income from Agricultural Labor W&amp;IC SECS. 114, 2140

## OAS

In OAS, income from agricultural labor in any amount shall not affect the amount of the grant when both of the following conditions are met: (1) The work from which the income is received falls within the definition of agricultural labor as set forth in Sec. 151-93, Definition of Agricultural Labor (see Sec. 233-25, Verification of Income); (2) The recipient received an OAS grant in July, 1943, and his monthly grant since July, 1943, has not been in an amount greater than that paid to him in July.

When aid is restored to a recipient who received OAS in July, 1943, but whose aid was subsequently discontinued and when the restored amount is not in excess of the July, 1943, grant, income from agricultural labor is not considered in determining the grant of aid.

If the above conditions are met, the net income from crops or other farm products produced by a married couple on property owned, rented or leased to them constitutes exempt income from agricultural labor. Each of a married couple shall be considered to have a one-half share in the net income.

When each of a couple receives OAS in July, 1943, and has not received aid in a greater amount since that month, the income of either from services rendered in agricultural labor while employed by another is exempt. It is presumed that each retains such income for his own use.

A recipient, whose ineligible spouse has income from agricultural labor through services performed for another, shall be considered to have income from the ineligible spouse only to the extent of the factual contribution, if any.

Any earnings or income received from agricultural labor which remain the property of the recipient on the first of the month following its receipt, becomes personal property.

## 152-00 Sec. 152-00 Net Income from Real Property W&amp;IC SECS. 1560, 2140, 2141, 3075, 3460, 3472

## OAS; ANB; APSB; ANC

Net income from real property, other than the net value of occupancy of homes owned by recipients of OAS, ANB, and APSB, is that income which is available for the support of the applicant or recipient, or in ANC, the child or children, after deducting any reasonable expense in obtaining it, such as taxes, interest, upkeep, and assessments. (See Sec. 152-10, Occupancy Value of Homes Owned by Recipients.) Upkeep shall be computed on the basis of actual expenditures rather than upon a set figure unrelated to actual expenses. Principal payments on encumbrances are not deducted when determining net income from real property except as provided in Sec. 152-10. For exception in principal payments in APSB see Sec. 151-90, Income from Crops or Other Agricultural Products.

Net rental from property in which life estate is held shall be considered income. Net rental paid by one who is a responsible relative of the owner or the life tenant is interpreted as rental from property owned rather than as a contribution from a responsible relative.

Under the ordinary life estate agreement the life tenant is assured occupancy of the property, is entitled to all the income therefrom and is responsible for payment of taxes, upkeep and other obligations to keep the property in good condition. In OAS, ANB, and ANC, when expense items for which the life tenant is responsible are paid by another, the amount thereof represents income. In APSB, when expense items for which the life tenant is responsible are paid by a responsible relative, the amount thereof represents "non-exempt" income; if paid by a non-responsible relative, such income represents "exempt" income.

"(2) In the employ of the owner or tenant or other operator of a farm, in connection with the operation, management, conservation, improvement, or maintenance of such farm and its tools and equipment, or in salvaging timber or clearing land of brush and other debris left by a hurricane, if the major part of such service is performed on a farm.

"(3) In connection with the production or harvesting of maple syrup or maple sugar or any commodity defined as an agricultural commodity in Section 15 (g) of the Agricultural Marketing Act, as amended, or in connection with the raising or harvesting of mushrooms, or in connection with the hatching of poultry, or in connection with the ginning of cotton, or in connection with the operation or maintenance of ditches, canals, reservoirs, or waterways used exclusively for supplying and storing water for farming purposes.

"(4) In handling, planting, drying, packing, packaging, processing, freezing, grading, storing, or delivering to storage or to market or to a carrier for transportation to market, any agricultural or horticultural commodity; but only if such service is performed as an incident to ordinary farming operations or, in the case of fruits and vegetables, as an incident to the preparation of such fruits or vegetables for market. The provisions of this paragraph shall not be deemed to be applicable with respect to service performed in connection with commercial canning or commercial freezing or in connection with any agricultural or horticultural commodity after its delivery to a terminal market for distribution for consumption.

"As used in this subsection, the term 'farm' includes stock, dairy, poultry, fruit, fur-bearing animal, and truck farms, plantations, ranches, nurseries, ranges, greenhouses or other similar structures used primarily for the raising of agricultural or horticultural commodities, and orchards."

U. S. Code—Title 29—Labor—Fair Labor Standards Act reads:

"Section 203(f) 'Agriculture' includes farming in all its branches and among other things includes the cultivation and tillage of the soil, dairying, the production, cultivation, growing, and harvesting of any agricultural or horticultural commodities (including commodities defined as agricultural commodities in Section 1141j(g) of Title 12 as amended), the raising of livestock, bees, fur-bearing animals, or poultry, and any practices (including any forestry or lumbering operations) performed by a farmer or on a farm as an incident to or in conjunction with such farming operations, including preparation for market, delivery to storage or to market or to carriers for transportation to market."

These definitions include:

"1. Agricultural labor includes: (a) persons working on a farm; (b) persons working in conjunction with the farm and incidental to the farming operation, including trucking, packing, and drying as done by the farmer himself or by his employee or by the employee of a contractor who has contracted to do the work on a farm or in conjunction therewith or incidental thereto.

"2. Agricultural labor does not include: (a) work performed in canneries, packing houses, drying sheds, box-making, etc., unless performed on the farm by the owner or tenant thereof or his employees."

When question arises as to whether the employment is agricultural labor, as defined in Sec. 1607 of the Internal Revenue Code, Item 4, determination shall be made upon the basis of the employee's status as an "insured" worker in the OASI program. When no payroll deduction for OASI is made the worker shall be considered as employed in agricultural labor.

When the employment is not specifically covered by the definition of agricultural labor, but in the county's judgment it should be so considered, the person may be deemed to be so employed while the specific situation is referred to the SDSW and until the county is advised of a decision to the contrary.

The case record shall show all of the facts which led to the conclusion that the employment is agricultural labor. Ordinarily the facts reported by the recipient provide sufficient basis for determining that the employment is agricultural labor. When doubt arises as to the nature of the employment, and an investigation is therefore required, the case record shall contain the information given by the recipient as to the date employment began, date of termination and earnings.

**153-40 Sec. 153-40 Income from Court Orders** W&IC SECS. 1560, 2140, 2141, 3075, 3460, 3472  
OAS; ANB; APSB; ANC

When there is a court order for full or partial support of the applicant or recipient (or the child in ANC) he shall be presumed to have income in the amount awarded by the court. This presumption shall be considered to have been rebutted where the amount received as a result of the court order is less than the amount so ordered and only the amount received shall be considered income.

The case record shall show the date and provisions of the court order. When a determination is made that no amount or a lesser amount than that awarded by the court is received, the case record shall show the facts upon which that determination is based. The following situations although not necessarily all-inclusive would indicate the receipt of a lesser amount than that awarded by the court:

1. A showing that the court order is not enforceable because the person ordered to pay is unable to do so;
2. The court granting the award no longer has jurisdiction;
3. A showing that a request has been made of the court for enforcement of the order.

**153-50 Sec. 153-50 Allotments from Inmates of Penal Institutions** PEN. C. 2763, 2780, 2784; W&IC SECS. 1560, 2140, 2141, 3075, 3460, 3472  
OAS; ANB; APSB; ANC

Allotments from inmates of penal institutions as provided in Secs. 2763 and 2780 of the Pen. C. shall be considered as income in the month received and adjustment of the grant made according to the policy of the respective category of aid.

Sec. 2763 of the Pen. C. requires that the State Department of Public Works shall pay the dependents on OAS, ANB, APSB or ANC of an inmate employed in a State prison road camp, a monthly sum from the net credit to each inmate's account as provided below. The amount paid shall be that which the State Department of Public Works estimates will equal, but not exceed, two-thirds of his total credit during the period of his employment. Immediately prior to, or upon the termination of, the employment of any inmate for any reason, any additional payment necessary to bring the total amounts paid to such dependents up to two-thirds of the inmate's net credits shall be made. No payment shall be made to dependents until there is a net credit to the inmate's account of at least \$25. No payment shall be made to dependents which will reduce the net credit below the sum of \$25.

When an inmate's dependents are not receiving aid the inmate may voluntarily designate the persons to receive his allotment.

Under the provisions of Sec. 2780 of the Pen. C., the Divisions of Forestry, Parks, and Fish and Game of the Department of Natural Resources and the Division of State Lands in the Department of Finance may use inmates of State penal institutions in camps. Federal officials may also use inmates of State penal institutions to perform necessary and proper work in national forests and parks.

When inmates are paid for their labor under Sec. 2780 of the Pen. C., the Prison Board shall monthly pay two-thirds of the net credit to each inmate's account, to those dependents who are receiving OAS, ANB, APSB or ANC. When the dependents are not receiving one of these forms of aid such inmate may, by signing a written order, direct the Prison Board to pay an amount, not exceeding two-thirds of his net credit to such dependents as he designates, according to Pen. C., Sec. 2784. It further provides that when an inmate is discharged, while at a camp, all sums due him shall be paid upon release. When an inmate is returned to a penal institution or released on parole, his net credits shall be paid to the warden of his penal institution and by him paid to the inmate, as prescribed by the Prison Board.

The California Institution for Men at Chino is the only penal institution which has a forestry camp at present. Pending establishment of other camps, Folsom, San Quentin and the road camps connected with these institutions are assigning inmates to combat fires in emergencies on a day to day basis.

**Sec. 152-90 Value of Contributions in Kind** W&IC SECS. 2140, 3075, 3460  
OAS; ANB; APSB

152-90

The value placed upon rent, utilities, food or other items of support contributed in kind to an applicant may not be in excess of an amount which will permit the recipient to meet his other needs, such as incidentals, transportation, etc. While due consideration shall be given to the value of the item of need which is received in kind the value so placed in non-budget OAS cases and in ANB and APSB cases shall not exceed \$15 for rent and utilities, \$17 for food, and \$32 for room and board. These represent ceiling limits. When it is determined that the value of the item is less, the lesser amount shall be used.

**Sec. 153-00 Evaluation of Income in Kind in ANC** W&IC SEC. 1560  
ANC

153-00

When income in kind, representing a portion of a budgetary item, is received with sufficient regularity to be counted toward meeting continuing needs such income should be evaluated by the county and the estimated value determined on a monetary basis.

Income from home produced food, which is irregular and can not be depended upon, shall not be considered.

When income in kind is a total budgetary item, such as free rent and free board, no evaluation shall be placed on this income as the corresponding items would not appear in the budget.

Medical care is not considered aid in kind.

**Sec. 153-10 Gifts as Income** W&IC SECS. 2140, 2141, 3075, 3460, 3472  
OAS; ANB; APSB

153-10

In OAS and ANB, gifts in cash or the value of items of support in kind such as board, room, clothing, etc., received from others, including public or private agencies, fraternal, benevolent and non-profit organizations, or private institutions having no legal obligation for support, represent income. Gifts which have no significance in meeting the continuing needs of the recipient and which have been determined to represent casual income shall not be considered in determining the grant of aid. (See Secs. 150-50, Types of Casual Income, and 152-60, Offer of Support as Income.)

In APSB, when gifts are received from a responsible relative the amount thereof represents "non-exempt" income; or if from a non-responsible relative, the value of such gifts is subject to the \$400 exemption.

Gifts of items of personal property such as the gift of a radio, refrigerator, chair, etc., do not represent income.

**REVISION RECORD**

*Revisions issued in changing this chapter will be numbered in sequence. Changes made will be indicated by a vertical line in the margin of the corrected page, against the line or lines changed.*

*IT IS IMPORTANT that the holder of this Manual check the numbers below, corresponding with the numbers of the revisions when the latter have been incorporated in the Manual and the old pages removed, and that the State Department of Social Welfare be promptly notified in the event a number is passed without receipt of the corresponding numbered sheet.*

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287-15

## SOCIAL DATA RECORD

Public Assistance Program

**287-15 Sec. 287-15 Place of Birth**

OAS; ANB; APSB—Item 11  
 ANC—Items 13, 18—Col. 7

If applicant, payee, or child was born in United States, give state or territory in which born. If he was born in United States but state of birth is unknown, enter "U. S.—Unk." If applicant was not born in United States, give country of birth. When there is uncertainty as to how to identify foreign country of birth, enter name of country and also province or state in which person was born. Enter name by which country or province was known on birth date of applicant. If foreign country of birth is unknown, enter "Foreign—Unk." If place of birth is entirely unknown, enter "Unk."

**287-18 Sec. 287-18 Citizenship**

ANB; APSB—Item 12

See Sec. 287-85, Citizenship, for instructions for this item.

**287-20 Sec. 287-20 Total Years in California**

OAS—Item 12  
 ANB; APSB—Item 13  
 ANC—Items 14, 18—Col. 8

Enter total number of years during which applicant, payee, or child in ANC has lived in California, disregarding interruptions. An approximate number is acceptable. The years are computed as of date Social Data Record Card is completed.

Example: Applicant is 66 years old and has spent 20 years out of state. Enter number 46.

**287-25 Sec. 287-25 Place Where Last Spent One Year Prior to Coming to California**

OAS—Item 13  
 ANB; APSB—Item 14  
 ANC—Item 15

Enter state where applicant or payee (ANC) last spent at least one year prior to his last entry into California. If applicant came to California from a foreign country, enter name of country where he last lived at least one year. If applicant or payee (ANC) was born in California and has never lived continuously in any other state or country for at least one year, enter "No other state."

**287-30 Sec. 287-30 Was Case Receiving Public Assistance From Another State During the Last 12 Months While Living in California?**

OAS—Item 14  
 ANB; APSB—Item 15  
 ANC—Item 16

If applicant for OAS, ANB or APSB or any of the children under ANC has received aid during last 12 months from another state while living in California, circle (a) and enter name of state in space provided opposite line a of this item. If it is known that case did not receive aid from another state during last 12 months while living in California, circle line (b). If it is not known whether applicant or children were object of an aid payment from another state, circle line (c).

**287-35 Sec. 287-35 Present Marital Status**

OAS—Item 15  
 ANB; APSB—Item 16  
 ANC—Item 18—Col. 10

See Glossary—Marital Status.

**287-40 Sec. 287-40 Support During 12 Months Immediately Prior to Date of Application**

OAS—Item 16

Circle each item from which applicant for OAS received some support during the 12 months immediately prior to application for aid.

If applicant received income from a source not classifiable by lines (a) through (f) circle (g) "other" and write in the source in space provided. If applicant was wholly or partially supported by an unrevealed source, circle (h).

a. **Own earnings**—Includes earnings from applicant's own labor or services, income from business, etc.

b. **Savings**—Refers to accumulated cash, securities, etc., from which applicant has obtained some support during 12 months immediately prior to application.

**Sec. 285-00 Purpose, Collection of Social Data Record Cards**

285-00

OAS; ANB; APSB; ANC

The data collected on Social Data Record Card (Form Ag, Bl, or CA 230) provides:

1. Source data from which estimates on proposed legislation can be prepared for State Legislature;
2. Information against which SDSW may check results of departmental rulings, legislation and economic changes;
3. Information for release by SDSW for use of county welfare administrators and other public officials.

**Sec. 286-00 Submission of Social Data Record Cards**

286-00

OAS; ANB; APSB; ANC

Social Data Record Card (Form Ag, Bl, or CA 230) shall accompany each approved application (Form Ag, Bl, or CA 200) submitted to SDSW. A Form Bl 230 shall accompany each application (Form Bl 200) for an APSB case even though case has been continuously on aid under the regular ANB program. (See Sec. 289-99, Forms Used in Social Data Record Card.)

**Sec. 286-05 Instructions on Social Data Record Cards**

286-05

OAS; ANB; APSB; ANC

Items that are self-explanatory or for which instructions are printed on Social Data Record Card are not included in the following sections which contain instructions for completion of the forms.

**Sec. 287-05 Race**

287-05

OAS; ANB; APSB—Item 9

ANC—Item 11

a. **White**—Generally members of the Caucasian race are classified as white. Possible deviations are enumerated under d.

b. **Negro**—A person of mixed white and negro blood (of any percentage) is classified as a Negro. Both black and mulatto persons are recorded as Negroes. A person of mixed Indian and Negro blood is reported as a Negro, unless Indian blood predominates and person's status as an Indian is generally accepted in the community.

c. **Mexican**—Circle if individual is generally accepted as Mexican.

d. **Other**—When applicant or payee (ANC) is neither white, Mexican, nor Negro, circle (c) and specify race to which he belongs, as "Indian," "Chinese," etc. "Other races" include the following: Indian, Chinese, Japanese, Filipino, Hindu, Korean, Hawaiian, Malayan, Siamese, Samoan, all other. The following statement applies to classification of Indians, and other mixed races:

**Indians**—A white person of mixed white and Indian blood is recorded as Indian, except where the percentage of Indian blood is very small, or where he is regarded as a white person in community where he lives.

**Other mixed races**—Mixtures of white and non-white races are reported according to the non-white parent. Mixtures of colored races are reported according to race of father, except Negro-Indian as explained under b. (See line b of this item.)

**Sec. 287-10 Date of Birth**

287-10

OAS; ANB; APSB—Item 10

ANC—Items 12, 18—Col. 6

For OAS, ANB and APSB enter month, day and year of birth, which in opinion of public assistance worker is most accurate. This date need not be verified birth date. For ANC payee, enter year of birth only. If exact year is unknown, enter estimated year and mark "estimated."

287-50

## SOCIAL DATA RECORD

Public Assistance Program

## 287-50 Sec. 287-50 Living Arrangements to be Effective When First Payment Is Received

OAS—Item 17

This item is to show living arrangements to be effective when the first OAS payment is received.

a. **Alone**—Circle (a) if applicant is to live alone in house, apartment, or furnished room, preparing his own meals or eating elsewhere.

b. **With spouse only**—Circle (b) if applicant is to live with spouse only, regardless of whether or not they are to live in house, apartment, furnished room, or lodging house.

c. **With adult children**—Circle (c) if applicant is to live in household group with adult children (with or without spouse) regardless of whether or not applicant has meals with household group.

d. **With other relatives or friends**—Circle (d) if applicant (with or without spouse) is to live in household group with other relatives or friends whether or not applicant has meals with household group.

e. **In boarding home for aged**—Circle (e) if applicant (with or without spouse) is to live in a boarding home for aged persons.

f. **In institution**—Circle (f) if applicant (with or without spouse) is to live in a private institution.

g. **Other**—Circle (g) if applicant's living arrangement which is to be effective upon receipt of aid does not conform to descriptions of lines (a) through (f) of this item. Specify type of living arrangements on line (g), such as boarding house.

## 287-52 Sec. 287-52 Living Arrangements to be Effective When First Payment Is Received

ANB; APSB—Item 18

This item is to show living arrangements to be effective when the first ANB or APSB payment is received.

a. **Alone**—Circle (a) if applicant is to live alone in house, apartment, or furnished room, preparing his own meals or eating elsewhere.

b. **With spouse only**—Circle (b) if applicant is to live with spouse only, regardless of whether or not they are to live in house, apartment, furnished room, or lodging house.

c. **With parents**—Circle (c) if applicant is to live in a household with parents (with or without spouse), whether or not applicant has meals with household group.

d. **With adult children**—Circle (d) if applicant is to live in household group with adult children (with or without spouse) regardless of whether or not applicant has meals with household group.

e. **With other relatives or friends**—Circle (e) if applicant (with or without spouse) is to live in household group with other relatives or friends, whether or not applicant has meals with household group.

f. **In boarding home for aged**—Circle (f) if applicant (with or without spouse) is to live in a boarding home for aged persons.

g. **In institution**—Circle (g) if applicant (with or without spouse) is to live in a private institution.

h. **Other**—Circle (h) if applicant's living arrangement which is to be effective upon receipt of aid does not conform to descriptions of lines (a) through (g) of this item. Specify type of living arrangement on line (h), e.g., boarding house, etc.

## 287-56 Sec. 287-56 Instruction in Handicraft, Braille, Typing, etc.

ANB; APSB—Item 19

Circle the appropriate item to indicate whether or not the applicant has received instruction in handicraft, Braille, typing, etc., or is currently receiving such instruction.

c. **Spouse**—Any support provided by spouse irrespective of spouse's source of income is classified under (c). If spouse who is applying for OAS contributed to family income from earnings or resources an amount equal to his pro rata share of expenses, do not classify as supported by spouse. When a housewife who has been dependent upon her husband's earnings for support applies for OAS, circle (c).

d. **Children**—Support contributed by children of applicant is classified under (d). Contributions by children for care of an aged couple are classified under (d) even though actual payment may have been made to applicant's spouse. Do not classify under this item support received from allotments and allowances of children in the armed services; use item (e).

e. **Allotments and allowances from men in armed services**—Circle if support is received from this source.

f. **Public assistance**—If applicant received any public assistance during last 12 months preceding this application, circle (f) and specify type of assistance.

g. **Other**—Classify under (g) support obtained by applicant from all known sources not classifiable under lines (a) through (f). This will include income from property rentals, etc.

h. **Unknown**—Do not routinely mark this item for miscellaneous sources of income. Use it only in cases in which applicant received income from an unrevealed source.

Specify chief source of support—Of the sources of support of the recipient during the past 12 months, as indicated in items (a) through (h), specify the most important source of support of the individual.

#### Sec. 287-42 Support During 12 Months Immediately Prior to Date of Application

287-42

ANB; APSB—Item 17

Circle each item for which applicant for ANB or APSB received some support during the 12 months immediately prior to application for aid.

If applicant received income from a source not classifiable by lines (a) through (g), circle (h) "Other" and write in the source in space provided. If applicant was wholly or partially supported by an unrevealed source, circle (i).

a. **Own earnings**—Includes earnings from applicant's own labor or services, income from business, etc.

b. **Savings**—Refers to accumulated cash, securities, etc., from which applicant has obtained some support during 12 months immediately prior to application.

c. **Spouse**—Any support provided by spouse irrespective of spouse's source of income is classified under (c). If spouse who is applying for ANB or APSB contributed to family income from earnings or resources an amount equal to his pro rata share of expenses, do not classify as supported by spouse. When a housewife who has been dependent upon her husband's earnings for support applies for ANB or APSB, circle (c).

d. **Children**—Support contributed by children of applicant is classified under (d). Contributions by children for care of a couple are classified under (d) even though actual payment may have been made to applicant's spouse. Do not classify under this item support received from allotments and allowances of children in the armed services; use item (f).

e. **Parents**—Circle this item if support was received from parents during the last 12 months.

f. **Allotments and allowances from men in the armed services**—Circle if support is received from this source.

g. **Public assistance**—If applicant received any public assistance during last 12 months preceding this application, circle (g) and specify type of assistance.

h. **Other**—Classify under (h) support obtained by applicant from all known sources not classifiable under lines (a) through (g). This will include income from property rentals, etc.

i. **Unknown**—Do not routinely mark this item for miscellaneous sources of income. Use it only in cases in which applicant received income from an unrevealed source.

Specify chief source of support—Of the sources of support of the recipient during the past 12 months as indicated in items (a) through (i) specify the most important source of support of the individual.

## 287-65 Sec. 287-65 Amount of Encumbrances on Real Property

OAS—Item 20B  
ANB; APSB—Item 23B

Enter in this item total encumbrances upon property reported in Item 20A in OAS and Item 23A in ANB and APSB. Include only amount which represents a specific debt against the property. Include any delinquent taxes, unpaid balances on contract purchases, liens, mortgages, trust deeds, etc. (See Glossary—Encumbrance, and Sec. 132-03, Encumbrances of Record Deducted from Assessed Value of Real Property.)

## 287-70 Sec. 287-70 Nature of Real Property

OAS—Item 20C  
ANB; APSB—Item 23C

Classify each parcel of real property owned by applicant (in OAS owned by applicant and/or spouse) according to lines 1 through 4. If lines 1, 2, or 3 do not properly describe property, circle (4) and specify type of property in space provided.

1. **Applicant's home**—Circle (1) if applicant owns his home. Buildings on same parcel of property as applicant's dwelling should be included under this item.
2. **Other improved property**—Circle (2) for any improved real property that is not included in same parcel as dwelling owned and occupied by applicant. See Glossary—Improvements.
3. **Unimproved property**—Circle (3) if applicant owns a parcel of real property that is unimproved.
4. **Other**—Circle (4) if property owned by applicant is not classifiable according to lines (1) through (3).

## 287-75 Sec. 287-75 Personal Property

ANB; APSB—Item 21

See Glossary—Personal Property for definition.

- a. **Cash**—Enter the amount of cash in addition to the ANB or APSB grant.
- b. **Securities**—Enter value of securities including cash value of insurance not exempt under W. & I. C. Secs. 3047 or 3447, also total value of encumbrances on such securities and insurance.
- c. **Other**—Enter total value of any other personal property, and total encumbrances thereon.

## 287-85 Sec. 287-85 Citizenship

ANB; APSB—Item 12; ANC—Item 17

See Sec. 112-05, Citizenship, ANB, APSB, ANC Laws. No specific reference is made to definition of an alien in chapter 112-00, Citizenship. Sec. 113-75, Process of Individual Naturalization, defines first papers. If applicant or ANC payee has not established citizenship or filed intention of becoming a citizen (first papers) circle (c).

**Sec. 287-57 Interest in Training, Employment or Instruction**

287-57

ANB; APSB—Item 20

- a. **Rehabilitation training**—Circle (a) if applicant is interested in receiving rehabilitation training. Rehabilitation training refers to the training of an individual so that he may engage in some remunerative trade or occupation.
- b. **Employment**—Circle (b) if applicant is interested in obtaining employment.
- c. **Instruction in Handicraft, Braille, Typing, etc.**—Circle item (c) if applicant is interested in receiving instruction in handicraft, Braille, typing or some other instruction of therapeutic value.
- d. **None**—Check item (d) when applicant is not interested in employment or any type of training or instruction.

**Sec. 287-58 Personal Property**

287-58

OAS—Item 18

See Glossary—Personal Property for definition.

- a. **Value**—Enter total value of personal property excluding property exempt under W. & I. C. Secs. 2163 (certain life insurance policies) and 2163.2 (personal effects).
- b. **Encumbrances**—Enter amount of total encumbrances on property indicated under item (a).

**Sec. 287-59 Life Insurance**

287-59

OAS—Item 19

ANB; APSB—Item 22

- a. **None**—Circle (a) if applicant does not own any life insurance policy (including so-called "burial" insurance).
- b. **Owns exempt policy**—Circle (b) if applicant owns a life insurance policy (including so-called "burial" insurance) which is exempt from consideration under W. & I. C. Sec. 2163.
- c. **Owns non-exempt policy**—Circle (c) if applicant owns a life insurance policy (including so-called "burial" insurance) which is non-exempt under W. & I. C. Secs. 2163 in OAS, 3047 or 3447 in ANB and APSB.

**Sec. 287-60 Assessed Value of Real Property**

287-60

OAS—Item 20A

ANB; APSB—Item 23A

In OAS report total assessed valuation of all real property held by applicant and spouse. Include both separate and community real property regardless of separations or property settlements unless a final decree of divorce has been granted. For exception, see Sec. 131-20, Ownership of Real Property Outside State by Separated Spouse.

In ANB and APSB report total assessed valuation of all separate real property owned by applicant and his share of community property (see Sec. 131-12, Ownership of Separate and Community Real Property).

For definition of ownership see Sec. 131-05, Ownership of Real Property. See also Glossary—Assessment, and Real Property.

**288-30 Sec. 288-30 Reason for Deprivation of Parental Support**

ANC—Item 18; Cols. 12 and 14

Record under Columns 12 and 14 of Item 18 the reason in the heading of the columns which most nearly states the reason why either or both parents are not able to support the children. These reasons are not to be confused with the statutory classifications noted in Chapter 190-00, Classification, but should record the reason for the deprivation of support of the natural or adoptive parent(s). The following definitions of reasons apply:

**Dead**—Report as dead those persons for which proof of death is a matter of record or persons who have been declared legally dead by a court.

**Deserted (Des.)**—Record as deserted all cases in which whereabouts of parent is unknown and parent is not contributing to support of child for that reason.

**Imprisonment (Impris.)**—Record as imprisoned only if father and/or mother is incarcerated in a State or Federal penal institution.

**Mentally incapacitated (Men. Inc.)**—Record as mentally incapacitated if parent has been committed to a mental hospital for treatment. Parolees from State hospitals are to be classified as mentally incapacitated.

**Physically incapacitated (Phy. Inc.)**—Record as physically incapacitated only those cases in which parent is permanently physically incapacitated to the extent that he or she is unable to work at gainful employment.

**Tuberculous**—Record as tuberculous those parent(s) who are suffering from tuberculosis.

**Unknown (Unk.)**—Record as unknown if parent is unknown.

**288-35 Sec. 288-35 Date of Occurrence**

ANC—Item 18; Cols. 13 and 15

In space provided in Columns 13 and 15 record date on which child was deprived of parent's support for reason stated. This should not be date that the board of supervisors approved the ANC case but should be date of death, date of commitment to a mental hospital, date illness first was diagnosed as tuberculosis, date of imprisonment, date parent left home or otherwise deserted the child and ceased contributing to his support, etc.

**Sec. 287-90 Other Public or Private Assistance Approved in Household of Applicant**

287-90

OAS—Item 21

ANB; APSB—Item 24

The purpose of this item is to show at time of investigation all forms of public or private assistance received by any member of household, including applicant, simultaneously with OAS, ANB or APSB. OAS, ANB or APSB which is to be discontinued upon applicant's receipt of first payment of OAS, ANB or APSB, or soon thereafter, is not to be included. Check only the types of assistance which are to continue as part of the relief plan.

- a. **None**—Circle (a) if no other public or private relief is to be received by any member of household.
- b. **ANC**—Circle (b) if ANC has been approved for member or members of household.
- c. **OAS or Aid to Blind**—Circle (c) if OAS, ANB or APSB has been approved for member or members of household.
- d. **General relief**—Circle (d) if county is extending general assistance from county indigent funds in addition to county's portion of aid costs under OAS, ANB, APSB, or ANC programs to member or members of household.
- e. **Another OAS, ANB or APSB grant**—Circle (e) if another OAS, ANB or APSB grant has been approved for another member or members of household. Give State case number or numbers.
- f. **Other public assistance**—Circle (f) if any other type of public assistance has been approved for any member of household, such as a regular grant from public funds for special forms of health service to child or children in household. Do not circle (f) if member of household is receiving care at a hospital or in some other public institution. Specify type of assistance.
- g. **Private agency**—Circle (g) if relief is received by member of household from private or semiprivate, nonprofit, incorporated agency. Such assistance does not include care in a private hospital or in other private institutions.
- h. **Unknown**—Circle (h) if at time of the investigation it is unknown whether household will receive other public or private relief simultaneously with OAS, ANB or APSB.

**Sec. 288-25 Living Arrangement of Child**

288-25

ANC—Item 18; Col. 11

This item is intended to record the living arrangement of children for whom ANC grant is made. If the mother or father or both are in household with the child, select the code for this item which indicates presence of parent(s) regardless of whether parent is or is not the payee, e.g., if the child is living with her grandmother who is the payee and both parents are in the home, enter code "1." If the child is living with a brother or sister and both parents are absent, enter code "8."

**288-50 Sec. 288-50 Total Persons in Family Budget Unit**

ANC—Item 21

This item refers to family budget unit of which the needy children will be members when ANC is granted. Enter the number of persons in the family budget unit in items (a) through (e) and the total number in item (f).

**288-55 Sec. 288-55 Sources of Support of Needy Children During Past 12 Months**

ANC—Item 22

a. **Earnings of parents (including step-parents)**—If parents or step-parents, whether in the home or out of the home, have contributed to the support of the needy children at any time during the past 12 months, circle this item. Do not circle this item if support consisted of allotments or allowances from parent or step-parent in the armed services; circle item (e).

b. **Earnings of children in the home**—Circle (b) if earnings of children in the home were a source of support during the past 12 months.

c. **Earnings of other persons in the home**—Circle (c) if earnings of persons in the home other than parents, step-parents or children, were a source of support during the past 12 months.

d. **Income from roomers and boarders**—Circle (d) if income from roomers and boarders was a source of support during the past 12 months.

e. **Allotments and allowances from men in the armed services**—Circle (e) if support was received from this source.

f. **Contributions from persons (except parents) outside of home**—Circle (f) if contributions from persons outside the home, except parents, were a source of support. Do not classify under this item support received from allotments and allowances of men in the armed services; use item (e).

g. **General relief**—Circle (g) if county general relief was a source of support.

h. **Other**—If the needy children received support during the past 12 months from sources not classifiable under (a) through (g) circle item (h) and specify the source of support in the space provided.

**Sec. 288-40 Source of Income Received by Members of Family Budget Unit (Or by Child in "Board and Care" Cases) Concurrently With Receipt of ANC**

ANC—Item 19

- a. **Earnings of parents (including step-parents)**—Circle (a) if earnings of parents or step-parents are a source of income to the family budget unit (or to child in "board and care" cases), whether or not the parents or step-parents are in the home.
- b. **Earnings of children in the home**—Circle (b) if earnings of children in the home are a source of income to the family budget unit (or to the child in "board and care" cases).
- c. **Earnings of other persons in the home**—Circle (c) if earnings of other persons in the home are a source of income to the family budget unit (or to the child in "board and care" cases).
- d. **Income from roomers and boarders**—Circle (d) if income is received from roomers and boarders.
- e. **Allotments and allowances from men in the armed services**—Circle (e) if an allotment or allowance from men in the armed services is source of income to the family budget unit (or child in "board and care" cases).
- f. **Contributions from persons (except parents) outside home**—Circle (f) if contributions are received from persons outside of the home. Do not circle this item if contributions consist of allotments and allowances from men in the armed services; in such cases circle item (e).
- g. **General relief**—Circle (g) if county general relief is extended to any member of the family budget unit in addition to that given under the ANC Act.
- h. **OASI**—Circle (h) if OASI benefits are a source of income to the family budget unit (or child in "board and care" cases).
- i. **Other income**—Circle (i) if there is income to the family budget unit (or child in "board and care" cases) not classifiable in items (a) through (h). Include assistance received from a private relief agency.

**Sec. 288-45 Public or Private Assistance to be Received by Members of Household Not Included in 288-45 Family Budget Unit**

ANC—Item 20

- a. **None**—Circle (a) if no public or private assistance is to be received by members of the household who are not members of the family budget unit.
- b. **Old age security**—Circle (b) if an OAS grant is to be received by a member of the household.
- c. **Aid to blind**—Circle (c) if an ANB or APSB grant is to be received by a member of the household.
- d. **General relief**—Circle (d) if a member of the household not a member of the family budget unit is to receive general relief.
- e. **Private agency**—Circle (e) if member of the household not a member of the family budget unit is to receive assistance from a private agency.
- f. **Other**—Circle (f) if a member of the household not a member of the family budget unit is to receive public or private assistance not classifiable in items (a) through (e) and specify type of assistance in the space provided.
- g. **Unknown**—Circle (g) if it is not known whether a member of the household not a member of the family budget unit is to receive public or private assistance.

DEPARTMENT OF SOCIAL WELFARE

STATE OF CALIFORNIA

## Social Data Record Card—Aid to Needy Children

7. NAME OF PAYEE

Lopez,

8. ADDRESS

1919

1. COUNTY

San Diego

Maria

C.

First name

Middle initial

City, Town or Village

Code

9. Total ANC granted this month, including county supplemental aid.

Cash \$118 Kind \$ None

Data on Payee: Answer Items 10-17 if legal or blood relationship exists between payee and any child.

10. Sex (circle one):

 Male Female

11. Race (circle one):

a. White

b. Negro

c. Mexican

d. Other (specify)

12. Year of birth

1906

Manual Sec. 287-10

13. Place of birth

Mexico

Manual Sec. 287-15 State; Country if Foreign-Born

14. Total years in California

26

Manual Sec. 287-20

15. Place where last spent one year prior to coming to California

Mexico

Manual Sec. 287-25

State; Country if Foreign

16. Was case receiving aid from another state during the last 12 months while living in California?

Manual Sec. 287-30

 Yes No Unknown

State.....

17. Citizenship (circle one):

a. Citizen

Manual Sec. 287-83

b. First papers

c. Alien

18. Children for whom Aid to Needy Children has been granted.

Code

DO NOT ANSWER ITEMS 19-22 if no legal or blood relationship between payee and any child listed in Item 18  
19. Source of income received by family budget unit (or by child in "board and care" cases) concurrently with receipt of Aid to Needy Children (circle each type):  
Manual Sec. 288-40

- a. Earnings of parents (including step-parents)
- b. Earnings of children in the home
- c. Earnings of other persons in the home
- d. Income from roomers and boarders
- e. Allotments and allowances from men in armed services
- f. Contributions from persons (except parents) outside of home
- g. General relief
- h. OASI
- i. Other income (specify) .....

20. Public or private assistance to be received by members of the household not included in the family budget unit:  
Manual Sec. 288-45

- a. None
- b. Old Age Security
- c. Aid to the Blind
- d. General relief
- e. Private agency
- f. Other (specify) .....
- g. Unknown

CODE FOR ITEM 18—COLUMN 11  
Enter in Column 11 the code number which represents the situation at the time this particular investigation is made. If a parent is in the home, code according to that relationship.

Child living with:

- |                          |                                    |
|--------------------------|------------------------------------|
| 1. Both natural parents  | 7. Grandparent(s)—parents absent   |
| 2. Adoptive parents      | 8. Sibling(s)—parents absent       |
| 3. Mother and stepfather | 9. Aunt or uncle—parents absent    |
| 4. Father and stepmother | 10. Other relatives—parents absent |
| 5. Mother—father absent  | 11. Boarding home                  |
| 6. Father—mother absent  | 12. Institution                    |

Code

21. Total persons in family budget unit:  
Manual Sec. 288-50

NUMBER

- a. Children under 18 . . . . . 4
- b. Children 18 but under 21 .....
- c. Parents . . . . . 1
- d. Other related persons .....
- e. Other persons .. . . . .
- f. Total . . . . . 5

22. Sources of support of needy children during past 12 months (circle applicable items):  
Manual Sec. 288-55

- a. Earnings of parents (including step-parents)
- b. Earnings of children in the home
- c. Earnings of other persons in the home
- d. Income from roomers and boarders
- e. Allotments and allowances from men in armed services
- f. Contributions from persons (except parents) outside of home
- g. General relief
- h. Other (specify) .....

DEPRIVED OF SUPPORT OF PARENTS FOR THE FOLLOWING REASONS:  
Dead; Deserted; Imprisoned; Mentally or Physically Incapacitated; Tuberculous

CHILD LIVING WITH: (CODE AS LISTED ABOVE)

FATHER

MOTHER

REASON

MANUAL SEC. 288-30

DATE

MANUAL SEC. 288-35

REASON

MANUAL SEC. 288-30

DATE

MANUAL SEC. 288-35

Last Name	First Name	Attending School Yes or No	Relationship to Person Named in Item 7	Sex	Date of Birth Mo./Day Year Manual Sec. 287-10 (6)	Place of Birth (State; Country; if Foreign-born) Manual Sec. 287-15 (7)	California Residence Years-Months Manual Sec. 287-20 (8)	Color or Race Manual Sec. 287-05 (9)	Marital Status: Real or Adoptive Parent Married, Unmarried, Divorced, Widowed, Separated Manual Sec. 287-15 (10)	Child Living With: (Code as Listed Above) Manual Sec. 288-25 (11)	Father Reason Manual Sec. 288-30 (12)	Mother Reason Manual Sec. 288-35 (13)	Reason Manual Sec. 288-30 (14)	Date Manual Sec. 288-35 (15)
A. Lopez	Jose	yes	Son	M	1-18-31	Calif.	Life	met.	Separated	5	Des.	12-10-39		
B. "	Carmen	yes	Dau.	F	7-10-32	Calif.	Life	met.	"	5	Des.	12-10-39		
C. "	Armando	yes	Son	M	11-30-34	Calif.	Life	met.	"	5	Des.	12-10-39		
D. "	Marie	yes	Dau.	F	8-7-36	Calif.	Life	met.	"	5	Des.	12-10-39		
E.														
F.														
G.														

One copy to accompany CA 200 to SDSW

[SIGNATURE OF PERSON COMPLETING FORM]

Dorothy Smith

Title Social Worker

Date card completed 12-3-43

FORM CA 230 (revised)—October, 1943

NOTE.—Entries on this form will not necessarily be identical with those on Form CA 201, Certificate of Eligibility.

## Public Assistance Program

## SOCIAL DATA RECORD

289-99

Sec. 289-99 Forms Used in Social Data Record Card  
OAS; ANB; APSB; ANC

289-99

STATE OF CALIFORNIA

## Social Data Record Card—Old Age Security

DEPARTMENT OF SOCIAL WELFARE

FORM AG 230

6. NAME OF APPLICANT..... <i>Jones</i>	Last name 2610	1. COUNTY..... <i>Alameda</i>
7. ADDRESS..... (Upon Receipt of First Grant)	Street Number	First name <i>Oscar</i>
		Middle initial <i>R</i>
		City, town or village <i>Oakland</i>

Code	8. Sex (circle one): <input checked="" type="radio"/> Male <input type="radio"/> Female
Code	16. Sources of support during 12 months immediately prior to this application (circle each kind received): Manual Sec. 287-40
	a. Own earnings <input checked="" type="radio"/> Savings <input type="radio"/> Spouse <input checked="" type="radio"/> Children e. Allotments and allowances from men in armed services f. Public assistance (specify) _____ g. Other (specify) _____ h. Unknown Specify chief source of support: <i>Children</i>
	10. Date of birth..... Manual Sec. 287-10 Month Day Year <i>2-22-1876</i>
	11. Place of birth..... Manual Sec. 287-15 State; country if foreign-born <i>Georgia</i>
	12. Total years in California..... Manual Sec. 287-20 <i>15</i>
	13. Place where last spent one year prior to coming to California..... Manual Sec. 287-25 State; country if foreign-born <i>Kentucky</i>
	14. Was case receiving public assistance from another state during the last 12 months while living in California? (circle one): Manual Sec. 287-30
	a. Yes <input checked="" type="radio"/> No State _____ c. Unknown
	15. Present marital status (circle one): Manual Sec. 287-35
	a. Single <input checked="" type="radio"/> Widowed c. Divorced d. Married, living with spouse e. Married, not living with spouse

Code	16. Sources of support during 12 months immediately prior to this application (circle each kind received): Manual Sec. 287-40
	a. Own earnings <input checked="" type="radio"/> Savings <input type="radio"/> Spouse <input checked="" type="radio"/> Children e. Allotments and allowances from men in armed services f. Public assistance (specify) _____ g. Other (specify) _____ h. Unknown Specify chief source of support: <i>Children</i>
Code	17. Living arrangements to be effective when first payment is received (circle one): Manual Sec. 287-50
	a. Alone (living alone in house or apartment, living alone in furnished room and eating elsewhere, living in furnished room and cooking own meals) b. With spouse only c. With adult children d. With other relatives or friends e. In boarding home for aged f. In institution g. Other (specify) _____
Code	18. Personal property (exclude property exempted under Secs. 2163.2): Manual Sec. 287-52
	a. Total value \$ <i>425.00</i> { If no personal property write "none" b. Total encumbrances \$ <i>None</i>
Code	19. Life insurance (circle applicable items): Manual Sec. 287-59
	a. None <input checked="" type="radio"/> Owns exempt policy c. Owns non-exempt policy

2. State case number.....	State office to enter
3. County case number.....	<i>00000</i>
4. Date application form AG 200 signed.....	<i>10-8-43</i>
5. Date of this approval.....	<i>12-6-43</i>
	Board of Supervisors' action

One copy to accompany AG 200 to SDSW.

[SIGNATURE OF PERSON COMPLETING FORM] *Mary Brown*Title *Social Worker*

FORM AG 230 (revised)—October, 1943

Date card completed *12-3-43*

NOTE.—Entries on this form will not necessarily be identical with those on FORM AG 201, Certificate of Eligibility

STATE OF CALIFORNIA

## Social Data Record Card—Aid to the Blind

DEPARTMENT OF SOCIAL WELFARE

FORM BL 230

6. NAME OF APPLICANT..... <i>Green</i>	Last name 323	1. COUNTY..... <i>Butte</i>
7. ADDRESS..... (Upon receipt of first grant)	Street Number	First name <i>Evelyn</i>
		Middle initial <i>J</i>
		City, town or village <i>Chico</i>

Code	8. Sex (circle one): <input checked="" type="radio"/> Male <input type="radio"/> Female
Code	18. Living arrangements to be effective when first payment is received (circle one): Manual Sec. 287-52
	a. Alone (living alone in house or apartment, living alone in furnished room and eating elsewhere, living in furnished room and cooking own meals) b. With spouse only c. With parents d. With adult children <input checked="" type="radio"/> With other relatives or friends f. In boarding home for aged g. In institution h. Other (specify) _____
Code	19. Instruction in handicraft, Braille, typing, etc. (circle one): Manual Sec. 287-56
	a. Now receiving instruction b. Has received instruction <input checked="" type="radio"/> Never received instruction
Code	20. Interested in (circle each kind): Manual Sec. 287-57
	a. Rehabilitation training b. Employment c. Instruction in handicraft, Braille, typing, etc. d. None
Code	21. Personal property (if none, write "none"): Manual Sec. 287-73
	a. Cash: Amount \$ <i>None</i> b. Securities: Total value <i>None</i> Encumbrances \$ _____ c. Other: Total value <i>None</i> Encumbrances \$ _____
Code	22. Life insurance (circle applicable items): Manual Sec. 287-59
	a. None <input checked="" type="radio"/> Owns exempt policy c. Owns non-exempt policy
Code	23. Real property (if none, write "none"): Manual Sec. 287-60
	a. Total assessed value \$ <i>None</i> b. Total amount of encumbrances \$ <i>None</i>
	c. Non-real property (circle applicable items): Manual Sec. 287-70 (1) Applicant's home (2) Other improved property (3) Unimproved property (4) Other (specify) _____

2. State case number.....	<i>0000</i>
3. County case number.....	<i>11-12-43</i>
4. Date of this application.....	<i>1-3-44</i>
5. Date of this approval.....	Board of Supervisors' action

24. Other public or private assistance approved in household of applicant for this individual or for any other member of the household, except lodgers, to be received simultaneously with Aid to the Blind (circle each type of aid received): Manual Sec. 287-90
<input checked="" type="radio"/> None b. Aid to Needy Children c. Old Age Security d. General Relief e. Another Blind Aid grant _____
f. Other public assistance _____ g. Private agency _____ h. Unknown _____

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY STATE DEPARTMENT

Status of case:

Amount of this grant \$ \_\_\_\_\_  
Other income \_\_\_\_\_

## Education and Employment

a. Education (circle the highest grade or year completed): Grade school 1 2 3 4 5 6 7 8 High school 9 10 11 12 College 1 2 3 4
b. Rehabilitation Training (circle one): (1) Now receiving training (2) Has received training (3) Never received training
c. Employment (circle one): (1) Engaged in own enterprise (2) Employed by another (3) Not engaged in own enterprise or employed by another

One copy to accompany BI 200 to SDSW

[SIGNATURE OF PERSON COMPLETING FORM] *Helen White*Title *Case Worker*Date card completed *12-28-43*

FORM BL 230 (revised)—October, 1943

NOTE.—Entries on this form will not necessarily be identical with those on FORM BI 201, Certificate of Eligibility

325-20 **Sec. 325-20 Right, Purpose, and Scope of Appeal** W&I C SECS. 2132, 3078, 3086, 3083.5, 3473, 1551  
OAS; ANB; APSB; ANC

The W. & I. C. guarantees to each applicant for, or recipient of, aid the right to appeal for a fair hearing before the SSWB, on any matter which concerns his application or aid, when he is dissatisfied with the county's action or lack of action. This provision of the law safeguards the interest of the individual applicant for or recipient of OAS, ANB, or APSB, and the child/children in ANC. The right of appeal is personal and can be exercised only by the applicant or recipient (or on behalf of child/children in ANC), his authorized representative, or his legally appointed guardian. It can not be exercised on behalf of the estate of a deceased applicant.

A notice of the right of appeal to the SDSW shall be included in every notification of the granting, denial, increase, decrease or discontinuance of aid which the county is required to send to every applicant or recipient of aid. (See Sec. 250-10, Reporting Action of the Board of Supervisors to Applicant.)

An appeal may be filed with the SDSW when:

1. Aid has been denied by the county;
2. Aid has been granted in an amount less than the maximum;
3. Aid has been discontinued;
4. There is question as to the date on which aid should begin;
5. There is dissatisfaction with county's determination of chapter under which aid (ANB-APSB) is granted;
6. County does not take the application;
7. County does not take action on the application after a reasonable lapse of time (60 days in OAS, 90 days in ANB, APSB, and ANC);
8. Appellant believes himself eligible for retroactive aid;
9. There is dissatisfaction with the county's request for repayment of aid to which the appellant allegedly was ineligible;
10. Dissatisfaction results over any other matter which concerns an application for aid.

The individual who wishes to appeal shall file a petition (either formal or informal) with the SDSW requesting a fair hearing of his complaint. The SDSW, after an independent, impartial investigation of the point or points at issue, shall set the appeal for hearing before the SSWB and send all parties concerned written notice of the time and place of such hearing. The appellant may, but is not required to, appear in person with or without counsel, or may send an authorized representative.

A decision on an appeal may be a means of establishing policy or of clarifying certain points in the law or rules and regulations. This is a by-product of appeal procedure, however, rather than the main purpose.

**Sec. 325-10 Appeal, ANB and APSB Laws W&IC SECS. 104.5, 3086, 3083.5, 3078, 3473**

325-10

**ANB; APSB**

If any applicant or recipient is dissatisfied with the action of the county with respect to his application or receipt of aid, he shall upon filing a petition with the SDSW have the right of appeal and shall be accorded an opportunity for a fair hearing. The SDSW shall give all parties concerned written notice of the time and place of such hearing. At the hearing the applicant may appear in person, by counsel of his own choosing, or in person and by such counsel.

The SSWB shall consider the appeal, and shall dismiss the appeal or award aid as prescribed in ANB or APSB law. The county shall then pay to such blind person the sum, if any, awarded by the SSWB, the payments, if awarded, to commence at the time the SSWB directs.

Any person dissatisfied with the action of the SDSW in canceling aid, may appeal to the SSWB and upon such appeal shall be granted an opportunity for a fair hearing.

The determination by county as to whether aid shall be granted under ANB or APSB shall be subject to review by the SSWB upon appeal by applicant. Any applicant denied aid under APSB may file an appeal with the SSWB.

Whenever any appeal to, or hearing before the SSWB is authorized by law, such appeal or hearing may be heard by the SSWB, or a referee designated by the board. The SSWB or referee conducting such appeal or hearing shall have all the powers and authority conferred upon the head of a department in Sec. 353 of the Pol. C. If such appeal or hearing is not heard by the SSWB, a report of the proceedings shall be prepared by the referee conducting such appeal or hearing and such report, together with any data the party appealing may desire, shall be presented to the board for final decision. Only the SSWB may make such final decision.

**Sec. 325-15 Appeal, ANC Law W&IC SECS. 104.5, 1551**

325-15

**ANC**

If aid is denied, modified, canceled or not granted within a reasonable time, the applicant or recipient shall have the right of appeal upon filing a petition with the SDSW and shall be accorded an opportunity for a fair hearing. The SDSW shall set the appeal for hearing before the SSWB and shall give all parties concerned reasonable notice of the time and place of the hearing. At the hearing the applicant or recipient may appear in person, by counsel of his own choosing, or in person and by such counsel. The SSWB shall consider the appeal and shall dismiss the appeal or award aid. The county shall then pay for the needy child the sum awarded by the SSWB to commence at the time the SSWB directs. The decision of the SSWB shall be binding upon the county.

Whenever any appeal to, or hearing before, the SSWB is authorized by law, such appeal or hearing may be heard by the SSWB, or a referee designated by the board. The SSWB or referee conducting such appeal or hearing shall have all the powers and authority conferred upon the head of a department in Sec. 353 of the Pol. C. If such appeal or hearing is not heard by the SSWB, a report of the proceedings shall be prepared by the referee conducting such appeal or hearing and such report, together with any data the party appealing may desire, shall be presented to the board for final decision. Only the SSWB may make such final decision.

**325-42 Sec. 325-42 Stipulated Appeals** W&IC SECS. 1551, 2182, 3078, 3460  
OAS; ANB; APSB; ANC

An appeal for retroactive aid, in which the appellant, the county, and the SDSW all agree as to the facts and recommendations, is called a "stipulated appeal". In such appeals the county may initiate the action on behalf of the recipient (or the child/children in ANC) or join with him in the action.

Investigation of a stipulated appeal by the SDSW consists of (1) a review of the county record, (2) a determination of income during the period involved (this necessitates an interview with the appellant), and (3) a thorough check on the amount of retroactive aid allowable month by month to determine whether the SDSW concurs in the county's recommendation to the SSWB on this point.

The county's recommendation regarding the amount of retroactive aid allowable shall be submitted in writing. Petition for an Appeal (Form Gen M116), or a similar form may be used carrying the signatures of both the appellant and the county representative.

**325-45 Sec. 325-45 Adjustment or Withdrawal of Appeal Before State Social Welfare Board Hearing**  
OAS; ANB; APSB; ANC W&IC SECS. 1551, 2182, 3078, 3460

During the course of the SDSW's investigation the county may reconsider its former action and on the basis of additional information or interpretation may make an adjustment satisfactory to the appellant. When the appellant withdraws his appeal in anticipation of county's agreement to make or adjust a grant of aid, the appeal is not considered finally adjusted until the action or change agreed upon is actually effectuated by board of supervisors action. If the county adjustment is delayed beyond a reasonable period the SDSW may reopen its investigation to determine if basis for the appeal continues to exist.

The appellant may withdraw his request for an appeal because the county agrees to make an adjustment or because he decides not to continue the appeal. The appellant indicates his desire to withdraw the appeal by signing a form devised for that purpose by SDSW (Form Gen M29) or by advising the SDSW in writing. (See Form Gen M29 in Sec. 330-99.)

An appeal which is not withdrawn in writing, may be removed from the docket only by action of the SSWB; i.e., either by hearing the appeal and rendering a decision or by dismissal.

**Sec. 325-25 Fair Hearing—Definition** W&IC SECS. 1551, 2182, 3078, 3460  
OAS; ANB; APSB; ANC

325-25

The fair hearing is the proceeding in which the SSWB hears and weighs all evidence and arguments concerning the point at issue and any other pertinent information presented by the parties concerned and the independent SDSW investigation.

**Sec. 325-35 Complaints** W&IC SEC. 3083.5  
OAS; ANB; APSB; ANC

325-35

A complaint expressed by letter or in person to the SDSW is usually the first indication of dissatisfaction by an applicant for or a recipient of aid. A complaint may originate from a lack of knowledge or a misunderstanding of the provisions of the law. It may arise from disagreement regarding points of eligibility or it may represent dissatisfaction with the county's action or inaction. Dissatisfaction resulting in a complaint may arise over (1) denial of application, (2) delay in approval of application, (3) beginning date of aid, (4) amount of the grant, (5) determination of chapter under which aid (ANB or APSB) is granted, (6) discontinuance, or (7) any other matter which concerns an application for aid.

The SDSW may adjust a complaint through interpretation of the situation to the complainant on the basis of the law, or rules and regulations. An adjustment may be made by the county after further discussion with the complainant or consultation with SDSW representative. If the complainant remains dissatisfied, his complaint then becomes an appeal.

**Sec. 325-40 Investigation of Appeal and Preparation of Brief** W&IC SECS. 1551, 2182, 3078, 3460  
OAS; ANB; APSB; ANC

325-40

After an appeal has been filed, a representative of the SDSW conducts a complete, impartial investigation. The county's position in the matter is obtained through a discussion and a review of the case record. The appellant's situation and contention is determined by an interview with him. Points of eligibility on which there is no disagreement between the appellant and the county are noted for inclusion in the brief but the county's prior investigation, if adequate, is not duplicated.

The point or points on which there is disagreement or a difference in interpretation between the parties concerned are investigated thoroughly, starting with the information already verified and proceeding further in order to verify, if possible, the contentions of the appellant and/or the county. The purpose of the investigation is to secure for the consideration of the SSWB all available information and evidence in the case with particular emphasis on the point or points on which there is disagreement.

A brief of the findings secured through all sources is then prepared for presentation to the SSWB. The brief contains a resume of the facts agreed to by both parties; a statement (in writing and signed, if possible) of each party's contention on the point or points at issue; all pertinent facts discovered in the investigation; citations from the law, Attorney General's Opinions, and the SDSW rules and regulations pertaining to the point at issue.

There are three exceptions to the above procedure:

1. In an appeal on the degree of blindness, only medical evidence on that point is presented.
2. In an appeal when the county refuses to accept an application the evidence presented covers:
  - (a) appellant's attempt to apply for aid;
  - (b) the county's refusal to receive application with reason for such refusal;
  - (c) the point or points of eligibility concerned.
3. In appeals for retroactive aid when there is no disagreement but the appellant, the county, and the SDSW all stipulate as to the facts, only such stipulations are presented together with the county recommendation regarding the amount of retroactive aid.

## Sec. 325-00 Provisions of W. &amp; I. C. Regarding Fair Hearing (Continued)

325-00

## Old Age Security

An applicant whose application for aid under this chapter has been rejected may not again apply for such aid until the expiration of one year from the date of the previous application, except with the consent of the county or on order of the SDSW, or until the condition because of which his application was rejected has been eliminated. (W. & I. C. 2182.)

Whenever any appeal to, or hearing before, the SSWB is authorized by law, such appeal or hearing may be heard by the SSWB, or a referee designated by the board. The SSWB or referee conducting such appeal or hearing shall have all the powers and authority conferred upon the head of a department in Sec. 353 of the Pol. C. If such appeal or hearing is not heard by the SSWB, a report of the proceedings shall be prepared by the referee conducting such appeal or hearing and such report, together with any data the party appealing may desire, shall be presented to the board for final decision. Only the SSWB may make such final decision. (W. & I. C. 104.5.)

If the applicant or recipient feels himself aggrieved by any SSWB decision he may file with the superior court of the county in which he resides, a petition praying for a review of the entire proceedings in the matter, upon questions of law involved in case. (W. & I. C. 2182.)

No filing fee shall be required from an applicant for or recipient of aid under this chapter for the filing of a petition in the superior court for a review of the proceedings in his case.

Within ten (10) days after being served with notice of the filing of the petition, the SDSW shall cause to be filed with the clerk of the court the record of the proceedings in the case, and no further pleadings shall be required to bring the matter to issue.

No bond shall be required in the case of any petition for review, nor in any appeal therefrom.

If the decision of the court is in favor of the applicant for or recipient of aid, aid shall be paid from the first of the month following date of application therefor, and the applicant or recipient shall be entitled to reasonable attorney's fees and costs. (W. & I. C. 2182.1.)

An active member of the State Bar may accept a fee for representing an aged person in a hearing before the county board of supervisors, in an appeal to the SSWB, or in any court action. (W. & I. C. 2008.5.)

Aid to Needy Blind  
Aid to Partially Self-Supporting Blind Residents

ferred upon the head of a department in Sec. 353 of the Pol. C. If such appeal or hearing is not heard by the SSWB, a report of the proceedings shall be prepared by the referee conducting such appeal or hearing and such report, together with any data the party appealing may desire, shall be presented to the board for final decision. Only the SSWB may make such final decision. (W. & I. C. 104.5.)

## Aid to Needy Children

the Pol. C. If such appeal or hearing is not heard by the SSWB, a report of the proceedings shall be prepared by the referee conducting such appeal or hearing and such report, together with any data the party appealing may desire, shall be presented to the board for final decision. Only the SSWB may make such final decision. (W. & I. C. 104.5.)

## 325-05 Sec. 325-05 Appeal, OAS Law W&amp;IC SECS. 2181.1, 2182, 104.5, 2182.1, 2008.5

## OAS

The board of supervisors shall immediately notify the applicant in writing of its decision, and that he may, upon application to the board within 30 days, appear before the board at a time to be fixed by the board, and show cause why the action of the board is not satisfactory. The hearing shall be held within 30 days from the time of application for hearing. Upon good cause shown, the board may reconsider its previous action, and take whatever action the board deems proper upon the application. The decision of the board confirming or reconsidering its previous action shall be rendered within 15 days after the hearing.

The right of hearing by the board of supervisors is intended as an alternative to direct appeal to the SSWB, and an applicant who has applied for hearing before the board of supervisors shall not appeal to the SSWB until the decision of the board of supervisors has been rendered. After the decision of the board of supervisors has been rendered, the applicant may appeal therefrom to the SSWB. An applicant who does not apply for hearing before the board of supervisors may appeal directly to the SSWB.

If any applicant or recipient is dissatisfied with the action of the county, he shall upon filing a petition with the SDSW, have the right of appeal and shall be accorded an opportunity for a fair hearing. The SDSW shall set such appeal for hearing before the SSWB and shall give all parties concerned written notice of the time and place of such hearing. At such hearing the applicant or recipient may appear in person, with counsel of his own choosing, or in person and without such counsel.

The SSWB shall consider the appeal, and shall dismiss the appeal or award aid as prescribed in the OAS law. The county shall then pay to such aged person the sum, if any, awarded by the SSWB to commence from the date the applicant was first entitled thereto.

Payments of aid shall be commenced as of the first day of the month in which the application is granted, unless otherwise directed by the SSWB in cases in which an appeal is taken, but in no event shall the aid commence prior to the date of application.

An applicant whose application for aid under this chapter has been rejected may not again apply for such aid until the expiration of one year from the date of the previous application, except with the consent of the county or an order of the SDSW, or until the condition because of which his application was rejected has been eliminated.

Whenever any appeal to, or hearing before, the SSWB is authorized by law, such appeal or hearing may be heard by the SSWB or a referee designated by the board. The SSWB or referee conducting such appeal or hearing shall have all the powers and authority conferred upon the head of a department in Sec. 353 of the Pol. C. If such appeal or hearing is not heard by the SSWB, a report of the proceedings shall be prepared by the referee conducting such appeal or hearing and such report together with any data the party appealing may desire, shall be presented to the board for final decision. Only the SSWB may make such final decision.

If the applicant or recipient feels himself aggrieved by any SSWB decision, he may file with the superior court of the county in which he resides, a petition praying for a review of the entire proceedings in the matter, upon questions of law involved in case.

No filing fee shall be required from an applicant for or recipient of aid under this chapter for the filing of a petition in the superior court for a review of the proceedings in his case.

Within ten (10) days after being served with notice of the filing of the petition, the SDSW shall cause to be filed with the clerk of the court the record of the proceedings in the case, and no further pleadings shall be required to bring the matter to issue.

No bond shall be required in the case of any petition for review, nor in any appeal therefrom.

If the decision of the court is in favor of the applicant for or recipient of aid, aid shall be paid from the first of the month following date of application therefor, and the applicant or recipient shall be entitled to reasonable attorney's fees and costs.

An active member of the State Bar may accept a fee for representing an aged person in a hearing before the county board of supervisors, in an appeal to the SSWB, or in any court action.

**325-65 Sec. 325-65 Continuation of Hearing** W&IC SEC. 102, 103.5, 103.6  
**OAS; ANB; APSB; ANC**

The SSWB may order the appeal hearing continued to a subsequent meeting when:

1. Additional legal advice is required;
2. Further investigation is required;
3. The appellant may thereby attend the hearing;
4. The appellant or county request such continuation and the other party concurs;
5. When other reasons in the opinion of the SSWB make continuation desirable.

**325-70 Sec. 325-70 Decisions by the State Social Welfare Board** W&IC SECS. 102, 2182, 3086, 1551  
**OAS; ANB; APSB; ANC**

After considering the brief which is filed as evidence and hearing all additional testimony and arguments, the SSWB renders a decision either to:

1. Grant the appeal;
2. Sustain the action of the county;
3. Dismiss the appeal (when the SSWB does not have jurisdiction in the matter under appeal, or when anything occurs, between the setting of appeal for hearing and actual hearing, that eliminates need for an appeal).

If the appeal is granted, the SSWB makes a specific grant of aid, indicating the amount and the beginning date of aid, unless it is not possible at the time of the hearing to determine the specific amount because of current changes in the appellant's situation, or, as in appeals from county inaction or from denial on the degree of blindness, because the total situation has not been investigated. In such cases the decision is usually an order to the county to take an application and/or grant aid "in the amount to which the appellant may prove eligible" and the county then determines the specific amount.

The decision is based upon the appellant's total situation at the time of hearing and, therefore, the SSWB is not limited to facts upon which the original county action was taken or the situation at the time of such county action.

**325-75 Sec. 325-75 Retroactive Aid** W&IC SECS. 103, 103.5, 103.6, 2182, 1551, 3086, 3476  
**OAS; ANB; APSB; ANC**

Retroactive aid is granted by the SSWB only on the basis of the appellant's continuing eligibility for aid during the period in question. The amount of the grant shall be determined for the period in accordance with the requirements for the particular category of aid. For other provisions for granting retroactive aid see Sec. 611-70, Retroactive Initial Payments, and Sec. 361-25, Retroactive Aid Payments by County.

**325-80 Sec. 325-80 Notification of State Social Welfare Board Decision** W&IC SECS. 103, 1045, 1551, 2182, 3086, 3473  
**OAS; ANB; APSB; ANC**

Notification of the SSWB decision is sent by mail immediately after the hearing to the appellant, the chairman of the county board of supervisors, the county auditor and the county welfare department.

**325-85 Sec. 325-85 Record of Hearing and Decision** W&IC SECS. 103, 104.5  
**OAS; ANB; APSB; ANC**

A verbatim record is made of each hearing. A copy of this record becomes a permanent part of the appellant's case record in the SDSW.

After the SSWB renders its decision, the facts upon which the decision is based and the final decision are filed with the assistant secretary of the SSWB. Summaries of each hearing and decision are included in the minutes of the meeting which are reviewed and passed upon by the SSWB at the subsequent meeting.

**Sec. 325-50 Appeal Hearing—Time, Place and Attendance** W&IC SECS. 2182, 3078, 3086, 3083.5, 325-50  
OAS; ANB; APSB; ANC

Appeals are heard at the regular monthly meetings of the SSWB. Such meetings are held in various major cities for the convenience of persons who desire to appear before the SSWB. The number of appeals and their urgency in any particular locality may be called to the attention of the SSWB for the determination of the date and place of a meeting.

The appeal is heard by the SSWB only when both appellant and county have been duly notified. Notices of date and place of the hearing are mailed by the SDSW to the chairman of the county board of supervisors, the county welfare department and the appellant, by registered mail (return receipt requested) in time to be received ten days prior to the hearing. With the notification to appellant and county welfare department is sent a copy of the appeal brief as prepared for the SSWB. The appellant is also advised of date and place of the next regular monthly SSWB meeting so that he may request a postponement if his attendance at a subsequent meeting can be more conveniently arranged.

Action upon an appeal may be taken only when four of the seven members of the SSWB (a quorum) are present. The appellant may appear in person, with or without counsel, or may be represented by counsel or by an authorized representative. Such presence or representation by the appellant is not required. County representatives may attend if they so desire.

All hearings on appeals are held in open session of the SSWB unless the appellant makes written request for a private hearing prior to the SSWB meeting, or makes such a request at the meeting.

After an appeal hearing is scheduled, an appellant and/or county may, by writing to SDSW, request postponement of the hearing. The SDSW then notifies the other party to the appeal of the request and asks that assent or dissent be indicated in writing. The request for postponement and the reply of other party are presented to the SSWB for appropriate action at the meeting for which the hearing was originally scheduled.

**Sec. 325-55 Right to Inspect Evidence and Refute Statements** W&IC SECS. 1560, 3075, 3460, 2141, 325-55  
OAS; ANB; APSB; ANC 2140

Prior submission of the appeal brief to the appellant and county permits them to correct or refute statements in the brief at the time of the hearing. The county and/or the appellant may file with the SDSW or SSWB prior to, or at the time of, the hearing, a brief covering any facts or they may suggest corrections or provide additional facts or legal argument.

**Sec. 325-60 Hearing Procedure** W&IC SECS. 2182, 3086, 1551, 3078, 3083.5, 3473; POL. C. 353 325-60  
OAS; ANB; APSB; ANC

In the conduct of the fair hearing, the SSWB is not strictly bound by court rules of evidence. The appeal brief as prepared by the SDSW, and any briefs prepared by the appellant or county are presented at the hearing and filed as evidence. All parties involved in the appeal are permitted to present any additional evidence and call any witnesses they desire. Before testifying all witnesses are placed under oath by the chairman of the SSWB. Frequently the appellant is willing to rest his case on the presentation of facts in the brief and does not testify in person.

The SSWB considers and weighs the evidence presented and renders a decision at the close of the hearing, or takes the appeal under advisement for later decision.

**326-20 Sec. 326-20 Court Review of State Social Welfare Board Decision** W&IC SECS. 1550, 2182, 3086, 3460  
OAS; ANB; APSB; ANC

If the applicant or recipient is dissatisfied with any decision of the SSWB, he may file with the Superior Court of the county in which he resides, a petition, praying for a review of the entire proceedings in the matter, upon questions of law involved in the case.

If the decision of the court is in favor of the applicant or recipient of aid, aid shall be paid from the first of the month following date of application therefor, and the applicant or recipient shall be entitled to reasonable attorney's fees and costs. If the court should, when the decision is in favor of the applicant, make a finding as to attorney's fees and costs, such fees and costs would be charged as indicated by the court's ruling.

**330-00 Sec. 330-00 Dispute Regarding Responsibility for an Applicant** W&IC SECS. 1550, 2182, 3086, 3460  
OAS; ANB; APSB; ANC

When a dispute arises between two counties regarding that county which is responsible for the support of an individual, either county may submit the dispute to the SDSW. The SDSW shall weigh the evidence presented and fix responsibility for support.

When a county wishes to refer to the SDSW a dispute with another county as to responsibility for payment of aid, Appeal as to Responsibility for Support (Form DPA 6) after completion by signature of the chairman of the board of supervisors, shall be submitted in triplicate to the SDSW. Additional data shall be submitted to the SDSW with Form DPA 6 and should include information as to the counties in which the applicant, or in ANC the child or person who determines the residence of the child/children, has resided, with the dates of such residence, and the information on which there is not agreement. (See Form DPA6, Sec. 330-99.)

Upon receipt of the appeal, the SDSW sends a copy of Form DPA 6 to the chairman of the board of supervisors and county welfare director in the other interested county or counties and requests a report from them. If no reply is received from the other county or counties within 30 days, the SDSW renders its decision on the basis of the facts known to it.

When no conflict is revealed in the facts reported by the counties, such facts are presumed to be correct. When a conflict exists, the SDSW draws this to the attention of the counties concerned and requests an additional investigation and report. As a general rule, the SDSW does not make an investigation or interview the person concerned but renders its decision upon the basis of the facts presented by the counties. The decision of the SDSW may be appealed to the SSWB.

In an appeal to the SSWB the decision of the SDSW is presented and the counties submit their contentions by letter, brief, or verbal argument at the time of hearing.

**Sec. 325-90 Disposition of Case After State Social Welfare Board Decision** W&IC SEC. 2182  
OAS; ANB; APSB; ANC

325-90

The county shall pay the appellant the amount of aid awarded by the SSWB, if a grant of aid is ordered, or carry out any other order of the SSWB. If the county fails to comply with the SSWB decision within 60 days or a reasonable period of time, the SSWB may cite the county to show cause for its failure to make the grant as directed. The SSWB may withhold State and Federal categorical aid funds from the county to enforce compliance with a SSWB decision.

When, after the SSWB has taken action on an appeal, there is a change in the appellant's circumstances the case is handled according to ordinary routine procedures. Further referral to the SSWB is not necessary unless a new basis for appeal arises.

**Sec. 325-95 Re-Appeals** W&IC SECS. 103, 104.5, 103.5, 103.6, 1551, 1560, 2140, 2141, 2182, 3075, 3086, 325-95  
OAS; ANB; APSB; ANC 3460, 3473

A person, or county, may not be satisfied with the decision of the SSWB regarding an appeal because it is believed that all pertinent facts were not available and/or not considered at the hearing. Additional evidence may be submitted by appellant or county to the SDSW for presentation to the SSWB with a request for a rehearing. When the SSWB decides that the additional evidence is pertinent and has not been considered at the appeal hearing, another hearing may be granted.

In OAS a person may not appeal again until a year has elapsed, unless there is new evidence. After the expiration of a year, the appellant, if he desires, has the right to appeal again regardless of the lack of evidence.

**Sec. 326-00 Re-Application for Aid After Denial of Appeal** W&IC SECS. 103, 103.5, 104.5, 2140, 2141, 326-00  
OAS 2182

An applicant whose appeal has been denied by SSWB may not again apply for aid until one year has elapsed from the date of his previous application except with the county's consent or by order of SDSW. A change in applicant's circumstances before a year has elapsed following the denial of his application is occasion for the county to reconsider his eligibility. (See Sec. 325-95, Re-Appeals.)

**Sec. 326-05 Appeal Regarding Degree of Blindness** THIS SECTION IS A CROSS REFERENCE AND DOES NOT  
ANB; APSB REQUIRE SOURCING 326-05

See Sec. 180-25, Successive Eye Examination Reports, regarding procedure for securing reports of eye examinations when appeal is based on degree of blindness.

**Sec. 326-10 Appeal From County Inaction** W&IC SECS. 1550, 2182, 3086, 3460  
OAS; ANB; ANC 326-10

A person has the right of appeal to the SSWB when the county fails or refuses to receive an application for aid. In such an appeal, if there is a dispute as to the facts, the appellant submits to the SDSW a personal affidavit containing the fact that the county has failed or refused to receive his application for aid and giving the reason he believes himself eligible.

The SDSW investigation in this type of appeal establishes only the facts concerning the point at issue and the point or points of eligibility in the controversy. The SSWB may order the county to take the application and may inform the county as to the appellant's eligibility on the point or points of controversy. Should the county subsequently deny such application, the applicant may then appeal against county denial.

## 325-00 Sec. 325-00 Provisions of W. &amp; I. C. Regarding Fair Hearing

Old Age Security	Aid to Needy Blind Aid to Partially Self-Supporting Blind Residents	Aid to Needy Children
The board of supervisors shall immediately notify the applicant in writing of its decision, and that he may, upon application to the board within 30 days, appear before the board at a time to be fixed by the board, and show cause why the action of the board is not satisfactory. The hearing shall be held within 30 days from the time of application for hearing. Upon good cause shown, the board may reconsider its previous action, and take whatever action the board deems proper upon the application. The decision of the board confirming or reconsidering its previous action shall be rendered within 15 days after the hearing.	If any applicant or recipient is dissatisfied with the action of the county with respect to his application or receipt of aid, he shall upon filing a petition with the SDSW have the right of appeal and shall be accorded an opportunity for a fair hearing. The SDSW shall give all parties concerned written notice of the time and place of such hearing. At the hearing the applicant may appear in person, by counsel of his own choosing, or in person and by such counsel.	If aid is denied, modified, canceled or not granted within a reasonable time, the applicant or recipient shall have the right to appeal upon filing a petition with the SDSW and shall be accorded an opportunity for a fair hearing. The SDSW shall set the appeal for hearing before the SSWB and shall give all parties concerned reasonable notice of the time and place of the hearing. At the hearing, the applicant or recipient may appear in person, by counsel of his own choosing, or in person and by such counsel. The SSWB shall consider the appeal and shall dismiss the appeal or award aid. The county shall then pay to such blind person the sum, if any, awarded by the SSWB, the payments, if awarded, to commence at the time the SSWB directs. (W. & I. C. 3086.)
The right of hearing by the board of supervisors is intended as an alternative to direct appeal to the SSWB, and an applicant who has applied for hearing before the board of supervisors shall not appeal to the SSWB until the decision of the board of supervisors has been rendered. After the decision of the board of supervisors has been rendered, the applicant may appeal therefrom to the SSWB. An applicant who does not apply for hearing before the board of supervisors may appeal directly to the SSWB. (W. & I. C. 2181.1.)	The SSWB shall consider the appeal, and shall dismiss the appeal or award aid as prescribed in ANB or APSB Law. The county shall then pay to such blind person the sum, if any, awarded by the SSWB, the payments, if awarded, to commence at the time the SSWB directs. (W. & I. C. 3086.)	Any person dissatisfied with the action of the SDSW in canceling aid, may appeal to the SSWB and upon such appeal shall be granted an opportunity for a fair hearing. (W. & I. C. 3078.)
If any applicant or recipient is dissatisfied with the action of the county, he shall upon filing a petition with the SDSW have the right of appeal and shall be accorded an opportunity for a fair hearing. The SDSW shall set such appeal for hearing before the SSWB and shall give all parties concerned written notice of the time and place of such hearing. At such hearing the applicant or recipient may appear in person, with counsel of his own choosing, or in person and without such counsel.	The determination by county as to whether aid shall be granted under ANB or APSB shall be subject to review by the SSWB upon appeal by applicant. (W. & I. C. 3083.5.)	The SSWB shall consider the appeal to, or hearing before, the SSWB is authorized by law, such appeal or hearing may be heard by the SSWB, or a referee designated by the board. (W. & I. C. 1551.)
The SSWB shall consider the appeal, and shall dismiss the appeal or award aid as prescribed in the OAS Law. The county shall then pay to such aged person the sum, if any, awarded to the SSWB to commence from the date the applicant was first entitled thereto.	Any applicant denied aid under APSB may file an appeal with the SSWB. (W. & I. C. 3473.)	Whenever any appeal to, or hearing before, the SSWB is authorized by law, such appeal or hearing may be heard by the SSWB, or a referee designated by the board.
Payments of aid shall be commenced as of the first day of the month in which the application is granted, unless otherwise directed by the SSWB in cases in which an appeal is taken; but in no event shall the aid commence prior to the date of application.	The SSWB or referee conducting such appeal or hearing shall have all the powers and authority conferred upon the head of a department in Sec. 353 of	The SSWB or referee conducting such appeal or hearing shall have all the powers and authority conferred upon the head of a department in Sec. 353 of

## FOREWORD

The term "appeal" may be defined as the act of calling upon any kind of authority for an impartial re-examination or decision of the facts in a given situation.

Opportunity for a fair hearing before the State department which is responsible for the administration of OAS, ANB and ANC is one of the requirements for State participation in the Federal Social Security Program. The Federal Act provides that any individual whose application for aid is denied shall have an opportunity for a fair hearing. The Welfare and Institutions Code provides for a fair hearing before the State Social Welfare Board for any person who is dissatisfied with the action of the Board of Supervisors. Such dissatisfaction may result from denial or discontinuance of aid, or the granting of a lesser amount than that to which he believes himself entitled.

Effective operation of the right of appeal safeguards the interest of both the individual and the county. At the same time it serves to support and strengthen proper and efficient administration of public assistance. The right of appeal, therefore, constitutes an integral part of the democratic administration of public assistance. As such it merits the intelligent understanding and sincere support of all who are concerned with California's administration of the OAS, APSB, ANB, and ANC Programs.

Form DPA 6

FORM DPA 6  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

STATE DEPARTMENT OF SOCIAL WELFARE  
APPEAL AS TO RESPONSIBILITY FOR SUPPORT.

Alameda, Alpine  
COUNTY OF COUNTY OF

APPEAL TO THE  
STATE DEPARTMENT  
OF SOCIAL WELFARE

IT APPEARING THAT THE RESPONSIBILITY FOR THE SUPPORT OF  
John Doe

IS IN DISPUTE BETWEEN THE COUNTY OF Alameda  
AND THE COUNTY OF Alpine, THE BOARD OF  
SUPERVISORS OF THE SAID COUNTY OF Alameda, IN  
CONFORMITY WITH THE PROVISIONS OF SECTION 1528, 3092, 3163 OF THE WELFARE AND  
(CIRCLE THE APPLICABLE SECTION)  
INSTITUTIONS CODE, STATE OF CALIFORNIA, HEREBY SUBMITS SAID DISPUTE TO THE STATE  
DEPARTMENT OF SOCIAL WELFARE FOR DECISION.

ATTACHED TO THIS APPEAL IS THE SUMMARY OF FACTS UPON WHICH THIS  
APPEAL IS BASED.

APPROVED THIS 1st DAY OF November, 1943  
BOARD OF SUPERVISORS OF THE COUNTY OF  
Alameda  
BY (SIGNATURE)  
CHAIRMAN OF BOARD OF SUPERVISORS

## Sec. 330-99 Forms Used in Fair Hearing Procedures

330-99

FORM CA 38, REVISED NOVEMBER, 1938  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
APPEAL FOR USE OF APPLICANT FOR OR  
RECIPIENT OF CHILDREN'S AID

## Form CA 38

## APPEAL

## TO THE

DEPARTMENT OF SOCIAL WELFARE  
STATE OF CALIFORNIA

\* \* \*

I, Cora White, living at 616 Kay Street,  
Sacramento, hereby appeal to the State Department of  
Social Welfare for a decision relative to my application to the Board of  
Supervisors of the County of Sacramento, for assistance under  
the Needy Children's Law, as provided in Section 1551 of the Welfare and  
Institutions Code: "If aid is denied, modified, canceled or not granted  
within a reasonable time, the applicant or recipient shall have the right  
of appeal upon filing a petition with the State Department of Social  
Welfare, and shall be accorded an opportunity for a fair hearing."

This appeal from the action of the Board of Supervisors is made  
on the basis of the following: I can not get Children's Aid again  
from Sacramento County for my three children. We went to Colorado to  
stay with my relatives there but they could not support the children  
and me so we came back and applied for aid again.

Date July 15, 1941

Signature of Applicant

11/38 250

Additional Information May Be Submitted On Separate Sheet

FORM AG 21, REVISED NOVEMBER, 1938  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
APPEAL FOR USE OF APPLICANT FOR  
OR RECIPIENT OF OLD AGE SECURITY

## APPEAL

## to the

DEPARTMENT OF SOCIAL WELFARE  
STATE OF CALIFORNIA

\* \* \*

I, Doris Jones, living at 616 Kay Street,  
Sacramento, hereby appeal to the State Department of  
Social Welfare for a decision relative to my application to the Board of  
Supervisors of the County of Sacramento for assistance under  
the Old Age Security Law, as provided in Section 2182 of the Welfare and  
Institutions Code: "If any applicant or recipient is dissatisfied with  
the action of the board of supervisors with respect to his application or  
receipt of aid, he shall upon filing a petition with the State Department of  
Social Welfare have the right of appeal and shall be accorded an opportunity  
for a fair hearing."

This appeal from the action of the Board of Supervisors is made  
on the basis of the following: I applied to Sacramento County for  
Old Age Security, but my application was turned down because I was away  
from California for a year in 1938 while visiting my son in the east.

Date July 15, 1941

Signature of Applicant

11/38 250

Additional Information May Be Submitted On Separate Sheet

FORM BL M512, (Formerly BL-19) AUGUST 1941  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
APPEAL OF APPLICANT FOR, OR RECIPIENT  
OF, AID TO NEEDY BLIND OR AID TO PARTIALLY  
SELF-SUPPORTING BLIND RESIDENTS

## APPEAL

## to the

DEPARTMENT OF SOCIAL WELFARE  
STATE OF CALIFORNIA

I, John Doe, living at 616 Kay Street,  
Sacramento, hereby appeal to the State Social Welfare Board for  
a decision relative to my application to the Board of Supervisors of the county  
of Sacramento for assistance under Chapter 1, Part 1, Division 5,  
Welfare and Institutions Code (Aid to Needy Blind) or Chapter 3, Part 1, Division  
5, Welfare and Institutions Code (Aid to Partially Self-Supporting Blind  
Residents), as provided in Sections 3078, 3086 and 3473 of these Chapters:

Section 3078—\*\*\*Any person dissatisfied with the action of the Department of Social Welfare in suspending or canceling aid, may appeal to the State Social Welfare Board and upon such appeal shall be granted an opportunity for a fair hearing\*\*\*."

Section 3086—"If any applicant or recipient is dissatisfied with the action of the county board of supervisors with respect to his application or receipt of aid, he shall upon filing a petition with the Department of Social Welfare have the right of appeal and shall be accorded an opportunity for a fair hearing\*\*\*."

Section 3473—\*\*\*Any applicant denied aid under this chapter may file an appeal with the State Social Welfare Board\*\*\*."

This appeal from the action of the Board of Supervisors is made on the  
basis of the following: The doctors say that my eyesight is  
not bad enough for Blind Aid, but I know that I cannot do my work now.

Date July 15, 1941  
Signature of Appellant  
8/4/200

FORM GEN M29, APRIL, 1939  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

## Form GEN M29

Sacramento, California  
July 15, 1941

State Department of Social Welfare  
616 Kay Street  
Sacramento, California

Gentlemen:

I, the undersigned, hereby express my wish to withdraw the appeal I have filed with the State Department of Social Welfare from the action of the Board of Supervisors of Sacramento County in the matter of my application for Old Age Security.

his  
John X Jones  
Signature mark

Mary Smith  
Witness to mark

Betty Brown  
Witness to mark

4/39 100

**362-00 Sec. 362-00 General Instructions, Notice of Change**

OAS; ANB; APSB

The Notice of Change (Form Ag, Bl 232) except as it provides for identifying information, is divided into sections, which are designated as Sections I, II, and III.

Section I is used to report information regarding:

1. Type of Change with the exception of
  - a. Discontinuance of payment of aid to the recipient,
  - b. In OAS, discontinuance of payment to the county for hospital care because of death, excess assets, etc., rather than release from the county hospital;
2. Reason for change

Section II is used to report information regarding:

1. Discontinuance of payment of aid to the recipient;
2. In OAS, discontinuance of payment to the county for hospital care when discontinuance is due to any reason other than release from the county hospital.

Section III is used to report action of board of supervisors.

**362-05 Sec. 362-05 Instructions for Recording on Notice of Change, Section I**

OAS; ANB; APSB

Decrease, Increase, or Restoration

Column 1. The type of action is indicated by completing the information called for in the vertical columnar headings (2, 3, 4, etc.) in the space provided opposite "Decrease," "Increase," "Restoration," etc.

Column 2. Enter the date from which the change is effective, e.g., 2-1-42.

Column 3. Enter the monthly rate of aid granted from the effective date shown in Column 2. (When aid is restored effective from a day subsequent to the first day of the month, the monthly rate rather than the prorated amount shall be entered.)

Column 4. Enter the total of all income received other than the OAS, ANB, or APSB grant. (When need in excess of \$50 in OAS or ANB has not been established, the sum of Column 3 and Column 4 shall total \$50. The total may not exceed or be less than this amount.)

Column 5. Enter sources from which income other than OAS, ANB, or APSB is received and amount received from each; e.g., son John contributes \$5.00 per month. The total of amounts of income from individual sources, as shown in Column 5, should agree with the figure entered in Column 4.

Column 6. No entry is made unless the total verified need exceeds \$50 a month in OAS or ANB in which case the total need per month is reported here; e.g., if the total need of the recipient is established as being \$60 a month this amount is entered in Column 6.

Column 7. Except when, in OAS, total need is established on a budgetary basis, report in OAS and ANB the nature and total cost of each item which causes the total need to exceed the basic grant, and the method of verification, e.g., new roof \$80; payments \$8 a month. Verified by contractor.

When, in OAS, total need is established by use of the budgetary method, enter "Form Ag 241 on file."

One Form Ag, Bl 232 may be used to report two actions of the board of supervisors on the same case provided both actions occur on the same day.

Example: In ANB aid is increased on January 15, effective February 1, due to verified need in excess of \$50. On the same date, the board of supervisors decreases aid effective March 1 as the excess need exists for only one month.

When one Form Ag, Bl 232 is used to report two actions, the information reported in Columns 5 and 7 should refer to the first action. Report the necessary information to explain the second action under "Reason for Change."

If OAS is restored following release from the county hospital, restoration action of the board of supervisors is reported opposite "Restoration." The release from the county hospital and the restoration of aid may be reported on the same Form Ag 232 unless there is a delay in the restoration of aid to the former recipient, in which case separate forms are necessary. There shall be no overlapping of payment to the county for hospital care and payment of aid to the individual. (See Sec. 215-00, Restoration of Aid.)

For reporting date of release from county hospital in OAS see Sec. 362-40, Discontinuance of Payment, Sec. II of Notice of Change.

**Sec. 361-80 Notification to Recipient of Change in Grant**

361-80

**OAS; ANB; APSB; ANC**

When aid is increased, decreased or discontinued, the recipient shall be notified of the amount of the grant and the reason for the change by means of Notification of Action by the Board of Supervisors (Form Ag, Bl, CA 239). (See Secs. 325-20, Right, Purpose, and Scope of Appeal, and 250-10, Reporting of Action of Board of Supervisors to Applicant.)

**Sec. 361-85 Notification County Auditor of Change in Grant**

361-85

**OAS; ANB; APSB; ANC**

A copy of Notice of Change (Form Ag, Bl, CA 232) should be sent to the county auditor. There should be complete coordination between the county welfare department and the county auditor so that pay rolls each month correctly reflect the current status of all cases for which claim is made.

**Sec. 361-90 Notification to SDSW of Change in Grant**

361-90

**OAS; ANB; APSB; ANC**

The Notice of Change (Form Ag, Bl, CA 232) shall be forwarded to the SDSW as soon as possible but not later than 15 days after board of supervisors action. The SDSW considers claims on the basis of information at hand at the time claims are audited and approved for payment. Delay in submission of Form Ag, Bl, CA 232 may result in loss of Federal and State participation.

A separate Form Ag, Bl, CA 232 shall be used for each case. The following chart shows the number of copies to be submitted.

## NUMBER OF COPIES OF NOTICE OF CHANGE (FORM Ag, Bl, CA 232) SENT TO SDSW

Type of Change	Number of Copies			
	OAS	ANB	APSB	ANC
Discontinuances	2	2	2	2
Restorations	2	2	2	2
Increases	1	1	1	1
Decreases	1	1	1	1
Changes in need or income, no change in grant	1	1	-	-
Payment to county for hospital care	2	-	-	-
Transfer from ANB to APSB or vice versa	-	2	2	-
Change of payee	-	-	-	2
Change in School Status	-	-	-	1

**362-25 Sec. 362-25 Change in Need or Income—No Change in Grant**

OAS; ANB

When income is applied toward verified total need in excess of \$50 a month it shall be reported on the Notice of Change (Form Ag, Bl 232). When a subsequent change in the amount of income or in the amount of total need requires no change in the grant, a further Form Ag, Bl 232 is not necessary.

Examples:

1. Total need of ANB recipient established at \$65 a month on February 1 to continue indefinitely as recipient has a guide dog for which support must be provided. Aid in the amount of \$50 a month has been granted. Income is as follows:

February	\$10.38	June	\$15.00
March	8.50	July	11.00
April	12.00	August	16.00
May	12.00	September	14.00

February 1, Form Bl 232 is necessary reporting amount of excess need.

September 1, Form Bl 232 is necessary decreasing grant to \$49 because income in August plus the grant exceeds \$65, the total need.

October 1, Form Bl 232 is necessary increasing the grant to \$50.

2. A recipient heretofore without income is receiving \$50 ANB. In February he receives the initial \$10 payment from a contract of sale. Need for medical care is verified to extent of \$10 a month. Therefore, the grant remains the same until the total need diminishes or the income increases.

"Effective Date of Change" (see Column 2) is considered to mean the effective date of the change in the income and/or total need.

**362-30 Sec. 362-30 Reporting Reason for Change on Notice of Change**

OAS; ANB; APSB

When the reason for change is clearly indicated by the entries in the vertical columns opposite the particular type of change which is effective it need not be repeated under this heading. Report any additional information in this space.

In reporting restoration of ANB, or APSB following release from a public institution, the exact date of release shall be reported here. In reporting restoration, in OAS, following release from a public institution, other than a county hospital, the exact date of release shall be reported here. For reporting date of release from county hospital in OAS, see Sec. 362-40, Discontinuance of Payment, Sec. II of Notice of Change. In reporting restorations for other reasons, information should be entered here as to the exact date and the reason the recipient became eligible subsequent to discontinuance of aid. (See Sec. 215-00, Restoration of Aid.)

In OAS when reporting "Payment to County for Hospital Care" the name of the hospital and date of admission shall be shown under "Reason for Change."

In OAS when reporting restoration of aid following a discontinuance because of employment, report the date the recipient's request for restoration of aid was signed.

In ANB and APSB when reporting a change from ANB to APSB or vice versa, detailed information regarding the change in type of aid shall be given under "Reason for Change." In APSB this shall include information regarding plan for achieving self-support.

**Sec. 362-10 Reporting Payment to County for Hospital Care on Notice of Change  
OAS**

362-10

Column 1. Pertinent information relating to notification that a claim, under the provisions set forth in Sec. 165-00, Payment to County Under W. & I. C., Sec. 2160.7, will be filed is recorded in the columns opposite "Payment to County for Hospital Care."

A Form Ag 232 reporting discontinuance of the OAS grant to the recipient shall also be submitted. Notification of discontinuance of aid to the recipient and notification that a claim for hospital care will be made may be reported on the same Form Ag 232.

Column 2. Enter date from which payment for hospital care is requested.

Column 3. Enter the grant to which the recipient would be eligible were he not confined.

Columns 4, 5, 6, and 7 shall not be completed when the person would, had he not been confined, have remained eligible to the same grant. When there is a change in his circumstances which would have resulted in an increase or decrease in the grant, had he not been confined, these columns are completed as in the case of notification regarding any increase or decrease.

A Form Ag 232 shall be submitted when any change in the former recipient's circumstances would have necessitated either a change in amount of the grant or discontinuance of the aid to which he would be entitled were he not confined.

**Sec. 362-20 Reporting Transfer From ANB to APSB or Vice Versa on Notice of Change, Section I 362-20  
ANB; APSB**

Column 1. Indicate by check whether recipient is being transferred from ANB to APSB or from APSB to ANB.

Column 2. Enter the beginning date of aid under the program to which the recipient is being transferred.

Columns 3, 4, 5, 6 and 7. See Sec. 362-05, Instructions for Recording on Notice of Change, Sec. I.

Disecontinuance of aid under the program from which the recipient is being transferred should be reported in Section II, Items A and D-17. (See Sec. 362-45, Discontinuance of Payment, Section II of the Notice of Change.)

- Item E9. **Contributions from spouse.** Check Item E9-a or E9-b if aid or payment to county for hospital care was discontinued because of the receipt of support from the husband or wife. Check Item E9-a if such support was derived from earnings. Check Item E9-b if it was derived from resources of the husband or wife other than earnings; e.g., rental of property, employee's pension, etc.
- Item E10. **Contributions from adult children in home.** Check Item E10-a or E10-b if aid or payment to county for hospital care was discontinued because of the receipt of support from adult children living in the home. Check Item E10-a if such support was derived from earnings of adult children. Check Item E10-b if it was derived from resources of adult children other than earnings; e.g., rental of property, employee's pension, etc.
- Item E11. **Contributions from other persons in home.** Check Item E11-a or E11-b if aid or payment to county for hospital care was discontinued because of contributions from persons living in the home, other than the spouse or adult children. Check Item E11-a if such support was derived from earnings. Check Item E11-b if it was derived from resources other than earnings; e.g., rental of property, employee's pension, etc.  
Do not check Item E11-a or E11-b if the income was derived from roomers and/or boarders in the household; discontinuance under these conditions should be entered under Item E8 if the recipient is responsible for management of the household, or under Item E9-a if the spouse is responsible for management of the household.
- Item E12. **Contributions from adult children outside of home.** Check if aid or payment to county for hospital care was discontinued because of support from adult children *not* living in the home. Do not check Item E12 for discontinuance resulting from receipt of military allotments or allowances; such discontinuances should be reported in Item E14.
- Item E13. **Contributions from other persons outside of home.** Check if aid or payment to county for hospital care was discontinued because of support from persons *not* living in the home, other than the spouse or adult children. Do not check Item E13 for discontinuance resulting from receipt of military allotments or allowances; such discontinuances should be reported in Item E14.
- Item E14. **Receipt of allotments or allowances to dependents of men in armed forces.** Check if aid or payment to county for hospital care was discontinued because of support from allowances and allotments of men in the armed forces.
- Item E15. **Income from property.** Check if aid or payment to county for hospital care was discontinued because of receipt of income from real or personal property. Write a brief description of the nature of this income; e.g., interest on bank account, rent from dwelling, interest on loan, etc. If necessary, additional space may be used under Remarks.
- Item E16. **Income from other sources.** Check if aid or payment to county for hospital care was discontinued because of the receipt of income from some source other than those listed under Items E6-E15. Write a brief description of such income; e.g., unemployment insurance. If necessary, additional space may be used under Remarks.
- Item E17. **Excess property.** Check if aid or payment to county for hospital care was discontinued because the recipient came into possession of real or personal property, or both, in excess of that permitted under the OAS Law.
- Item E18. **Transfer of property.** Check if aid or payment to county for hospital care was discontinued because of improper transfer of real or personal property.
- Item E19. **Accepted for ANB or APSB.** Check if aid or payment to county for hospital care was discontinued because the recipient was granted ANB or APSB.
- Item E20. **Transferred to \_\_\_\_\_ County.** Check if aid was discontinued because the recipient has moved to another county and has been a resident of the second county for a period of one year, the second county having become responsible for the payment of aid under the transfer provisions of the law. Discontinuances because of loss of county residence without transfer being effected (including non-county cases) should be reported by checking Item E22 and explaining under Remarks.

**Sec. 362-40 Discontinuance of Payment, Section II of Notice of Change**

362-40

**OAS**

- Item A1. **Discontinuance of OAS grant to recipient.** Check if the OAS grant to the recipient is being discontinued.
- Item A2. **Discontinuance of county hospital care payment.** Check if payment to the county for hospital care is being discontinued.
- Item B. **Effective date of discontinuance.** Enter the effective date of discontinuance of aid to the recipient or of payment to the county for hospital care.
- Item C. **Date ineligibility discovered.** Enter the date on which the facts causing discontinuance of aid to the recipient or of payment to the county for hospital care came to the attention of the county.
- Item D. **Date of last previous county investigation.** Enter the date on which the county investigation preceding the one resulting in discontinuance of aid to the recipient, or of payment to the county for hospital care, was completed.
- Item E. **Reason for discontinuance of aid to recipient or payment to county for hospital care.** Only the principal reason for discontinuance shall be checked. When in doubt as to the principal reason for discontinuance, check the reason which first came to the attention of the county and note the additional reasons under Remarks. For example, if the recipient died and it was subsequently discovered that he had been ineligible because of excess property, Item E2 should be checked and a notation regarding the excess property made under Remarks. (See Sec. 671-10, Discovery of Excess Property, or Income Subsequent to Recipient's Death.) When discontinuance is due to increased support from several sources, check the item indicating the source which was primarily responsible for ineligibility.
- Item E1. **Release from county hospital.** Check if payment to the county for hospital care is being discontinued because the inmate has left the county hospital. Enter date of release.
- Item E2. **Death.** Check if aid or payment to county for hospital care was discontinued because of the death of the recipient. Write in the date of death; e.g., 2/16/42. If death occurred in a county hospital or other public institution, enter the date of admission under Item 3 or 4, whichever is applicable.
- Item E3. **In county hospital more than two months.** Check if aid was discontinued because the recipient received aid for two calendar months after admission to a county hospital. (See Sec. 164-10, Eligibility for Medical Care.) Enter the date of admission and check the appropriate sub-item indicating the determination of probable period of hospitalization from date of admission to the hospital.
- Item E4. **Admitted to other public institution.** Check if aid or payment to county for hospital care was discontinued because the recipient entered a public institution other than a county hospital. Enter the date of admission and the name of the institution.
- Item E5. **Subsequent information disproves eligibility originally established.** Check if aid or payment to county for hospital care was discontinued because subsequent information indicated that the recipient was not eligible for the original grant. Indicate under Remarks the specific grounds for ineligibility; e.g., age, property, residence, etc. Explain briefly how and when ineligibility was discovered.
- Item E6. **Old age retirement benefits.** Check if aid or payment to county for hospital care was discontinued because of payment of monthly OASI to the recipient as a retired worker or as the wife (not widow) of an insured worker.
- Item E7. **Survivors' benefits.** Check if aid or payment to county for hospital care was discontinued because of the payment of monthly OASI to the recipient as survivor (widow or parent) of an insured worker.
- Item E8. **Earnings of recipient.** Check if aid was discontinued because of earnings of the recipient.

- Item D5. **Survivors benefits.** Check if aid was discontinued because of the payment of monthly OASI to the recipient as survivor (widow, parent or orphan) of an insured worker.
- Item D6. **Earnings of recipient.** Check if aid was discontinued because of earnings of the recipient.
- Item D7. **Contributions from spouse.** Check Items D7-a or D7-b if aid was discontinued because of the receipt of support from the husband or wife. Check Item D7-a if such support was derived from earnings. Check Item D7-b if it was derived from resources of the husband or wife other than earnings; e.g., rental of property, employee's pension, etc.
- Item D8. **Contributions from parents or adult children in home.** Check Items D8-a or D8-b if aid was discontinued because of the receipt of support from a parent or adult child living in the home. Check Item D8-a if such support was derived from earnings. Check Item D8-b if it was derived from resources other than earnings; e.g., rental of property, employee's pension, etc.
- Item D9. **Contributions from other persons in home.** Check Item D9-a or D9-b if aid was discontinued because of contributions from persons living in the home other than the spouse, parents, or adult children. Check Item D9-a if such support was derived from earnings. Check Item D9-b if it was derived from resources other than earnings; e.g., rental of property, employee's pension, etc. Do not check Item D9-a or D9-b if the income was derived from roomers and/or boarders. Discontinuance of aid under such conditions should be entered under Item D6 if the recipient is responsible for management of the household, or under Item D7-a if the spouse is responsible for management of the household.
- Item D10. **Contributions from parents or adult children outside of home.** Check if aid was discontinued because of support from a parent or adult child not living in the home. Do not check Item D10 for discontinuance of aid resulting from receipt of military allotments or allowances; such discontinuances should be reported in Item D12.
- Item D11. **Contributions from other persons outside of home.** Check if aid was discontinued because of support from persons not living in the home other than the spouse, parents or adult children. Do not check Item D11 for discontinuance of aid resulting from receipt of military allotments or allowances; such discontinuances should be reported in Item D12.
- Item D12. **Receipt of allotments or allowances to dependents of men in the armed forces.** Check if aid was discontinued because of support from allowances and allotments of men in the armed forces.
- Item D13. **Income from property.** Check if aid was discontinued because of receipt of income from real or personal property. Write a brief description of the nature of this income; e.g., interest on bank account, rent from dwelling, interest on loan, etc. If necessary, additional space may be used under Remarks.
- Item D14. **Income from other sources.** Check if aid was discontinued because of the receipt of income from some source other than those listed under Items D4-D13. Write a brief description of such income; e.g., unemployment insurance. If necessary, additional space may be used under Remarks.
- Item D15. **Excess property.** Check if aid was discontinued because the recipient came into possession of real or personal property, or both, in excess of that permitted.
- Item D16. **Transfer of property.** Check if aid was discontinued because of improper transfer of real or personal property.
- Item D17. **Accepted for APSB, ANB or OAS.** Check the name of the program under which aid is to be granted from the date of the change.
- Item D18. **Transferred to \_\_\_\_\_ County.** Check if aid was discontinued because the recipient has moved to another county and has been a resident of the second county for a period of one year, the second county having become responsible for the payment of aid under the transfer provisions of the law. Discontinuances because of loss of county residence without transfer being effected (including non-county cases) should be reported by checking Item D21.

Item E21. **Loss of State residence. Moved out of State.** Check if aid was discontinued because the recipient has moved out of the State and has established residence elsewhere.

Item E22. **Other reason.** Check if aid or payment to county for hospital care was discontinued for some reason other than those listed under Items E1 through E21. Describe the reasons or circumstances for this discontinuance under Remarks.

Particular care should be taken to give sufficient information under Remarks to identify closings which occur for the following reasons:

1. **Change in policy:** i.e., a change in legal or administrative policy which automatically makes the case ineligible at the time of the change although previously it was eligible.

2. **Refusal after acceptance to comply with established regulations:** i.e., refusal to comply with requirements with respect to property, supplying information, etc.

#### Sec. 362-45 Discontinuance of Payment, Section II of Notice of Change

362-45

ANB; APSB

Item A. **Effective date of discontinuance.** Enter the effective date of discontinuance of aid.

Item B. **Date ineligibility discovered.** Enter the date on which the facts causing discontinuance of aid came to the attention of the county.

Item C. **Date of last previous county investigation.** Enter the date on which the county investigation preceding the one resulting in discontinuance of aid was completed.

Item D. **Reason for discontinuance.** Only the principal reason for discontinuing aid shall be checked. When in doubt as to the principal reason for discontinuance, check the reason which first came to the attention of the county and note the additional reasons under Remarks. For example, if the recipient died and it was subsequently discovered that he had been ineligible because of excess property, Item D1 should be checked and a notation regarding the excess property made under Remarks. When discontinuance is due to increased support from several sources, check the item indicating the source which was primarily responsible for ineligibility.

Item D1. **Death.** Check if aid was discontinued because of the death of recipient. Write in the date of death; e.g., 2-16-42. If death occurred in a public institution, enter date of admission to the institution under Item D2.

Item D2. **Admitted to public institution.** Check if aid was discontinued because the recipient was admitted to a public institution. (See Sec. 164-20, Eligibility for Medical Care.) Enter the date of admission and name of the institution.

Item D3. **Subsequent information disproves eligibility originally established.** Check this item if aid was discontinued because subsequent information indicated that the recipient was not eligible for the original grant. Indicate under Remarks the specific grounds for ineligibility; e.g., age, property, degree of blindness, residence, etc. Explain briefly how and when ineligibility was discovered. Do not check this item when the question of original eligibility relates to degree of blindness unless there is conclusive evidence that the recipient was not blind at the time aid was granted. When evidence is not conclusive, report under Item D20.

Item D4. **Old age retirement benefits.** Check if aid was discontinued because of payment of monthly OASI to the recipient as a retired worker or as the wife (not widow) of an insured worker.

- Column 2. Record opposite the name of each child for whom aid is being discontinued the code number from Sec. II which represents the principal reason for discontinuance of aid for that child. Only one code number shall be entered for each child.
- Column 3. Record effective date of increase, decrease, restoration, change of payee, or discontinuance.
- Column 4. Record nature of change; i.e., increase, decrease, restoration, change of payee, or discontinuance opposite the name of each child affected by change. If all children are not affected by the change, enter "No change" opposite the name of each child for whom no change is being made.
- Column 5. Record the full monthly rate on which the grant has been computed, that is, the monthly grant including all cash aid paid, to meet the budgetary deficiency, or the charge for care for the child or children. In other words, the figure reported in Column 4 should not be limited to the maximum basis for State participation, if more than \$31.50 for one child and \$28.50 for each additional child eligible for Federal participation and \$22.50 for each child ineligible for Federal participation is actually being paid. If the change is effective subsequent to the first day of the month, the monthly rate of the grant rather than the prorated amount actually paid for that month should be recorded. If there is more than one payee show amount of grant to each payee.
- Column 6. This column shall be completed for each child listed in Column 1. Check "Yes" if child is under 16 and living with eligible payee, or, is over 16, and living with eligible payee and enrolled in school. (See Secs. 628-00, Payees Eligible under Social Security Act, and 235-20, School Attendance as Requirement for Federal Participation.)

Check "No" if child is:

1. Living with payee who is a non-relative, or
2. Living with payee of a degree of relationship other than those listed in Sec. 628-00, or
3. Is in a boarding home or institution, or
4. Is over 16 and not enrolled in school.

One Form CA 232-Rev. may be used to report more than one action of the board of supervisors on the same case *provided* all actions of the board of supervisors take place on the same day.

**Example:** On March 28, 1943, the board of supervisors acts to discontinue ANC effective February 28, 1943, for a child who died February 11, 1943, and to discontinue ANC for another child who became 18 on March 24, 1943. On the same date, the board of supervisors acts to decrease ANC effective April 1, 1943, for two remaining children.

When one Form CA 232-Rev. is used to report more than one action Columns 1 through 5 shall be completed separately for each action.

Example:					
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6
John	15	2-28-43	Disc.	(Enter total grant after discontinuance of ANC for John)	Yes
Gale			No Change		x
Joe			" "		x
Ann			" "		
Gale	3	3-31-43	Disc.	(Enter total grant after discontinuance of ANC for Gale)	x
Joe			No Change		x
Ann			" "		x
Joe		4-1-43	Decrease	(Enter total grant effective 4-1-43)	x
Ann			"		x

**Reason for change:** This section is for reporting reasons for change *except* discontinuances which are reported under Section II.

**Increase:** State reason for need of increased grant.

**Decrease:** State reason for decreased grant. If decrease is due to income or increased income, give the source from which such income is being received.

**Restoration:** In reporting restoration, information should be given in this space as to the reason that the child/children again became eligible subsequent to the discontinuance of ANC.

**Change of payee:** Give the exact date of change of placement.

Item D19. **Loss of State residence. Moved out of State.** Check if aid was discontinued because the recipient has moved out of the State and has established residence elsewhere.

Item D20. **Present vision exceeds standard for blindness.** Check if aid was discontinued because recipient is not blind within the prescribed degree. When conclusive evidence establishes that recipient was not originally eligible as to degree of blindness, enter under Item D3.

Item D21. **Other reason.** Check if aid was discontinued for some reason other than those listed under Items D1 through D20. Describe the reasons or circumstances for this discontinuance under Remarks. Particular care should be taken to give sufficient information under Remarks to identify closings which occur for the following reasons:

1. **Change in policy;** i.e., a change in legal or administrative policy which automatically makes the case ineligible at the time of the change although previously it was eligible.
2. **Refusal after acceptance to comply with established regulations;** i.e., recipient's refusal to comply with requirements with respect to property, supplying information, etc.

#### **Sec. 362-50 Approval by the Board of Supervisors, Section III, Notice of Change**

362-50

OAS; ANB; APSB

Enter name of county and date of approval by the county board of supervisors. The Notice of Change (Form Ag, Bl 232) shall bear either the original or facsimile signature of the county clerk or deputy. A facsimile signature shall be affixed either by or under the special authority of the county officer whose signature is thus affixed.

#### **Sec. 363-00 General Instructions, Notice of Change, ANC**

363-00

ANC

The Notice of Change (Form CA 232-Rev.) is divided into five numbered sections in order to facilitate referral to any particular section of the form.

Section I is for reporting information regarding:

- A. Type of change except for change of school status of child/children 16 to 18, who are otherwise eligible for Federal participation. (See Section III.)
- B. Reason for change and code for discontinuance reasons. (See Section II.)

Section II gives the codes for reporting reasons for discontinuance.

Section III is for reporting a change of school status of child/children 16 to 18 who are otherwise eligible for Federal participation.

Section IV is for:

- A. Signature, address and relationship of payee for child/children in home eligible for Federal participation.
- B. The county official's signature certifying that the county has on file the signature of payee for child/children in home ineligible for Federal participation or in an institution.

Section V is for recording the action of the county board of supervisors.

#### **Sec. 363-05 Recording on Top of Form and Section I of Notice of Change, ANC**

363-05

ANC

Under identifying information at the top of the Notice of Change (Form CA 232-Rev.) record the name of county, State and county numbers, date form is prepared, and family name.

Payee from Date of Change: Record the name of the person to whom warrants will be drawn for the care of child/children on and after the effective date of this Form CA 232 Rev. If there is more than one payee for children receiving ANC under the same case number, record name of each payee followed by number in Column 1 which corresponds to child's name.

Complete Section I for increase, decrease, restoration, change of payee, or discontinuance.  
(Reason for discontinuance is reported by code number under Column 2.)

Column 1. Record first name of each child receiving ANC under the case number shown under identifying information.

1(g). **Marriage of child (support by spouse).** Enter this code number when the spouse of a child provides support. Do not enter this code number if such support is in the form of military allotments or allowances; for such cases enter code number 1(h) and indicate under Remarks that the child has married and is being supported by spouse.

1(h). **Receipt of allotments and allowances to dependents of men in the armed forces.** Enter this code number when receipt of an allowance from a service man increases the resources to such an extent that ANC is no longer necessary. If allowance is from the husband of a child whose ANC is being discontinued, also indicate under Remarks that the child is married.

1(i). **Other income of any persons in the house.** Enter this code number if income of persons living in the home, from sources other than employment or increased earnings, increase the resources to such an extent that ANC is no longer necessary.

1(j). **Support from other persons outside of home.** Enter this code number if support from persons outside the home in which the child is living increases the resources to such an extent that ANC is no longer necessary. Do not enter this code number if such support is in the form of military allotments or allowances; for such cases enter code number 1(h).

Item 2. **Excess assets acquired subsequent to approval.** Enter this code number if ANC is discontinued because the child, children and/or parents have come into possession of real property, cash and/or securities, in excess of that permitted under ANC law. See Sec. 141-05, Types of Personal Property, for distinction between personal property and income.

Item 3. **Child reached 18th birthday.** Enter this code number if ANC is discontinued because the child reached his 18th birthday.

Item 4. **Child in county hospital.** Enter this code number if ANC is discontinued either (1) because the child was admitted to a county hospital or (2) because the child has been in a county hospital for more than two months. In Section II, enter the date of admission and, for cases eligible to Federal participation, check the appropriate sub-items indicating the determination of probable period of hospitalization from the date of admission to the hospital. (See Secs. 160-00, Provisions of the W. & I. Code Regarding Institutional Inmates, 160-15, Institutional Inmates, ANC Law, and 164-10, Eligibility for Temporary Medical Care.)

Item 5. **Child admitted to other public institution.** Enter this code number if ANC is discontinued because child was admitted to a public institution other than a county hospital, such as a State hospital, detention home, or Indian school. In Section II, enter the name of the institution in the space provided.

Item 6. **Child joined armed forces.** Enter this code number if ANC is discontinued for the child because he joined the armed forces.

Item 7. **Subsequent information disproves eligibility previously established.** Enter this code number if ANC is discontinued because subsequent information indicates that the child/children have never been eligible for ANC. This item assumes that the information, either unintentionally or fraudulently concealed, was not known at the time the case was accepted, although the investigation is assumed to have been adequate.

**Sec. 363-10 Discontinuance of Aid, Section II of Notice of Change  
ANC**

363-10

If ANC is discontinued for more than one child and the dates required under Items A, B, and C of Section II differ for the children, complete Items A, B, and C for one child and indicate to which child the dates apply. For the other child or children, record under Remarks, the dates required under Items A, B, and C, properly identified, and indicate to which child the dates apply.

- Item A. **Date ineligibility occurred.** Record here the date on which ineligibility occurred; i.e., the date on which eligibility ceased for any one of the reasons enumerated below. When ineligibility is due to earnings, the date of ineligibility is not necessarily the date employment began, but rather the date when the earnings actually received plus other income fully meet the family's needs.
- Item B. **Date of discovery.** Record the date on which the facts causing discontinuance of ANC for the child/children came to the attention of the county.
- Item C. **Date ineligibility verified.** Record the date on which ineligibility was verified by the county.
- Item D. **Classification.** Check the symbol designating the classification under which ANC was being granted at the time of discontinuance.

**Code for discontinuance reasons.** Enter in Section I, column 2, the code number for the principal reason for discontinuance of ANC for each child whose aid is being discontinued. Only the principal reason shall be checked for each child. When in doubt as to the principal reason, enter the one which first came to the attention of the county. When discontinuance is due to increased support from several sources, enter the item number indicating the source which was primarily responsible for ineligibility.

The code for discontinuance reasons to be entered in Section I, column 2:

- Item 1. Now receiving adequate care due to:
  - 1(a). **Child's own earnings.** Enter this code number if the employment or increased earnings of a child receiving ANC increase the resources to such an extent that ANC is no longer necessary for the child. If such increased resources are sufficient to cause discontinuance of aid for other children in the family, enter code 1(b) opposite the names of those children.
  - 1(b). **Earnings of child reported in 1(a).** If the employment or increased earnings of the child or children for whom code number 1(a) has been entered are sufficient to make aid no longer necessary for other children in the family, enter code number 1(b) opposite the names of those children.
  - 1(c). **Earnings of father.** Enter this code number if the employment or increased earnings of the father increase the resources to such an extent that ANC is no longer necessary. Do not enter this code number for TBF or CIF cases; for such cases enter code number 10, "Father no longer incapacitated for gainful work." Do not enter this code number for support by stepfather; for such cases enter code number 1(e).
  - 1(d). **Earnings of mother.** Enter this code number if the employment or increased earnings of the mother increase the resources to such an extent that ANC is no longer necessary.
  - 1(e). **Support by stepfather.** Enter this code number when the stepfather assumes and actually provides adequate support for child/children receiving ANC.
  - 1(f). **Earnings of persons in the home, other than those listed in 1(a) through 1(e).** Enter this code number if the employment or increased earnings of persons in the home other than those listed in items 1(a) through 1(e) increase the resources to such an extent that ANC is no longer necessary.

**363-15 Sec. 363-15 Recording Change of School Status on Section III of Notice of Change****ANC**

A change of school status for child/children 16-18, otherwise eligible for Federal participation shall be recorded as follows:

Record name of child, date of enrollment or date of termination, and date of verification by county. This section shall be signed by the county public assistance worker reporting the change of school status.

**363-20 Sec. 363-20 Recording Change of Payee on Section IV of Notice of Change****ANC**

Sec. IV is to be completed when reporting change of payee.

Item A. If child/children is in home eligible for Federal participation, secure the signature of the eligible payee, indicating relationship of payee to child/children and address where child/children will be maintained.

The Notice of Change (Form CA 232-Rev.) bearing the signature of the eligible payee shall be retained in the county file. The copy forwarded to the SDSW need not bear the signature of the eligible payee, provided it shows the name, relationship and address of the eligible payee and bears the county official's statement that the signature of the eligible payee is on file in the county office.

Item B. If child/children is in a home ineligible for Federal participation, secure the signature of the county official or other person responsible for placement of the child/children.

**363-25 Sec. 363-25 Approval by the Board of Supervisors on Section V of the Notice of Change****ANC**

Record the name of county, and date of action by the county board of supervisors. The Notice of Change (Form CA 232-Rev.) shall bear either the original or facsimile signature of the county clerk or deputy. A facsimile signature shall be affixed either by or under the special authority of the county officer whose signature is thus affixed.

- Item 8. **Change in policy.** Enter this code number if ANC is discontinued because a change in legal or administrative policy makes the child/children ineligible at the time of the change, although previously eligible. Do not include here discontinuances because of refusal to comply with a requirement adopted or modified after acceptance of the case; for such cases enter code number 14, and include explanation under Remarks.
- Item 9. **Parent discharged from institution.** Enter this code number when the discharge of a parent from an institution renders the child/children ineligible for ANC. (See Sec. 193-30, Classification of Half-Orphan, Parent Committed to Institution (P.C.I.).)
- Item 10. **Father no longer incapacitated for gainful work.** Enter this code number if a child/children becomes ineligible because the CIF or TBF father is no longer incapacitated for gainful employment, according to physician's report, or is, in fact, gainfully employed.
- Item 11. **Whereabouts of absent parent known.** Enter this code number when determination of the whereabouts of the parent makes the child/children ineligible for ANC. This refers to the following classifications: WFU; HO, based on presumptive death of parent; and abandoned child, when eligibility is established other than by court order.
- Item 12. **Transferred to \_\_\_\_\_ County.** Enter this code number when ANC is discontinued because of a transfer to another county under the provisions of Section 1527, W. & I. C. In Section II enter the name of the county in the space provided. (See Sec. 370-00, Transfer of Aid.)
- Item 13. **Moved out of State—loss of State residence.** Enter this code number when ineligibility occurs because of loss of State residence.
- Item 14. **Refusal after acceptance to comply with established regulations.** Enter this code number if the family refuses to comply with requirements with respect to property, supplying information, etc.
- Item 15. **Other.** Enter this code number when ANC is discontinued for some reason other than those listed under Items 1 through 14. Under Remarks, explain in detail the reason, or reasons, for discontinuance; such as, death, paternity admitted, etc.

FORM CA 232

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

## Notice of Change—Aid to Needy Children

COUNTY \_\_\_\_\_ COUNTY NO. \_\_\_\_\_ STATE NO. \_\_\_\_\_

Date \_\_\_\_\_

Family Name \_\_\_\_\_

Payee from Date of Change \_\_\_\_\_

## SEC. I.

(1) NAMES OF CHILDREN	(2) Code for Discon- tinuance Reason	(3) Effective Date of Change	(4) NATURE OF CHANGE Increase, Decrease, Restoration, Change of Payee, or Discontinuance	(5) TOTAL AMOUNT CHILDREN'S AID PER MONTH GRANTED FROM DATE OF CHANGE	(6) ELIGIBLE FEDERAL PARTICIPATION	
					Yes	No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Reason for Change: (Except Discontinuance) In reporting decrease—Give source of income

## SEC. II.

## COMPLETE THIS SECTION FOR DISCONTINUANCE ONLY

A. Date ineligibility occurred \_\_\_\_\_ B. Date of discovery \_\_\_\_\_ C. Date ineligibility verified \_\_\_\_\_  
D. Classification:  WO  HO  WFU  ILLEG.  PCI  CIF  TBF  ABD.  FDLG.

## CODE FOR DISCONTINUANCE REASONS

Enter in Column 2 of Section 1, opposite the name of each child for whom ANC is being discontinued, the code number which represents the principal reason for discontinuance of aid for that child. Only one code number should be entered for each child. Fill in below, information requested in starred items, as well as entering code number in Column 2 of Section I.

1. Now receiving adequate care due to:
    - (a) Child's own earnings
    - (b) Earnings of child coded 1 (a)
    - (c) Earnings of father
    - (d) Earnings of mother
    - (e) Support by stepfather
    - (f) Earnings of persons in home other than those listed in 1(a) through 1(e)
    - (g) Marriage of child (support by spouse except military allowance)
    - (h) Receipt of allotments and allowances to dependents of men in the armed forces
    - (i) Other income of any persons in home (specify below)
    - (j) Support from persons (other than those specified above) outside the home
  2. Excess assets acquired subsequent to approval
  3. Child reached eighteenth birthday
  4. Child in County Hospital. Date of admission \_\_\_\_\_  
 Check the following for cases eligible for Federal participation:  
 Determination of probable hospitalization period  
 Two months or less from date of admission  
 More than two months from date of admission
- \* Fill in information requested as well as entering code number in Column 2, Section I

## REMARKS:

SHOULD REPAYMENT OF AID BE DUE, STATE REASON, AND POSSIBILITY OF OR PLAN FOR ITS COLLECTION IN SPACE ABOVE

SEC. III. Complete This Section for Change of School Status Children, 16-18, Otherwise Eligible for Federal Participation

NAME OF CHILD \_\_\_\_\_

DATE OF ENROLLMENT—OR—DATE OF TERMINATION \_\_\_\_\_

DATE OF VERIFICATION \_\_\_\_\_

[SIGNED] \_\_\_\_\_

SIGNATURE OF COUNTY PUBLIC ASSISTANCE WORKER

SEC. IV. A. Child is in home eligible for Federal participation

I herewith make application for Aid to Needy Children for the above named children who will be maintained by me in my home.

[SIGNED] \_\_\_\_\_

SIGNATURE OF PAYEE AND RELATIONSHIP

ADDRESS WHERE CHILDREN WILL BE MAINTAINED

B. Child is in home ineligible for Federal participation

I HEREBY CERTIFY That the signature of the new payee is contained in the county files.

[SIGNED] \_\_\_\_\_

SIGNATURE OF COUNTY OFFICIAL OR OTHER PERSON RESPONSIBLE FOR PLACEMENT OF CHILDREN

SEC. V. Approved by the Board of Supervisors of the County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_

RESERVE FOR STATE

[SIGNED] \_\_\_\_\_

COUNCIL CLERK OR DEPUTY

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Audit Clerk \_\_\_\_\_ Date \_\_\_\_\_

Submit two copies to State Department of Social Welfare for Discontinuances, Restorations, and Changes of Payee  
One copy for other changes

SUBMIT ONE COPY OF ALL CHANGES TO COUNTY AUDITOR

Form CA 232 (revised)—October, 1943

## Sec. 365-99 Forms Used in Changes of Aid

Form AG 292

Form AG 293

STATE OF CALIFORNIA  
NOTICE OF CHANGE  
DIVISION FOR THE BLIND

DEPARTMENT OF SOCIAL WELFARE  
County \_\_\_\_\_  
Date \_\_\_\_\_  
Name \_\_\_\_\_  
State No. \_\_\_\_\_  
County No. \_\_\_\_\_

SEC. I

Change (1)	Effective Date of Change (2)	Total Amount Aid Per Month Granted from Date of Change (3)	Total Income Other Than Blind Aid (4)	INCOME OTHER THAN BLIND AID Sources and Amounts of Income (5)		Actual Amount of Verified Need (To be used only for ANB When Need is Excess of \$50) (6)	Nature and Amount of Each Excess Need and How Verified (ANB Only) (7)
DECREASE							
INCREASE							
RESTORATION							
TRANSFERRED FROM <input type="checkbox"/> ANB TO APSB <input type="checkbox"/> APSB TO ANB							
CHANGE IN NEED OR INCOME. NO CHANGE IN GRANT							
TOTAL							

Reason for Change: State definite reason for change. (Give date of release from institution if restored for this reason.)

SEC. II USE THIS SECTION FOR DISCONTINUANCES ONLY

A. Effective date of discontinuance \_\_\_\_\_  
 B. Date ineligibility discovered \_\_\_\_\_  
 C. Date of last previous county investigation \_\_\_\_\_  
 D. Reason for discontinuance (check principal reason only)  
 1. Death. Date \_\_\_\_\_  
 2. Admitted to public institution. Date \_\_\_\_\_  
 Institution \_\_\_\_\_  
 3. Subsequent information disproves eligibility originally established (explain below)  
 4. Old age retirement benefits  
 5. Survivors' benefits  
 6. Earnings of recipient  
 7. Contributions from spouse  
 (a) Earnings  
 (b) Other resources  
 8. Contributions from parents or adult children in home  
 (a) Earnings  
 (b) Other resources  
 9. Contributions from other persons in home  
 (a) Earnings  
 (b) Other resources  
 10. Contributions from parents or adult children outside of home  
 11. Contributions from other persons outside of home  
 12. Receipt of allotments or allowances to dependents of men in the armed forces  
 13. Income from property. Specify \_\_\_\_\_  
 14. Income from other sources. Specify \_\_\_\_\_  
 15. Excess property  
 16. Transfer of property  
 17. Accepted for APSB ANB OAS  
 18. Transferred to \_\_\_\_\_ County  
 19. Loss of State residence. Moved out of State \_\_\_\_\_  
 20. Present vision exceeds standard for blindness  
 21. Other reason (explain fully below)

REMARKS:

If discontinuance is due to excess income or property, state total amount of income, type and value of property, and date excess was first received or acquired. Should a refund be due, state possibility of or plans for its collection.

SEC. III  
Approved by the Board of Supervisors of the County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_  
RESERVE FOR STATE  
Reviewer \_\_\_\_\_ Date \_\_\_\_\_ [SIGNED] County Clerk or Deputy \_\_\_\_\_

Submit two copies to State Department of Social Welfare for Discontinuances and Restorations  
One copy for other changes  
SUBMIT ONE COPY OF ALL CHANGES TO COUNTY AUDITOR

Form Bl 232 (revised)—October, 1943

STATE OF CALIFORNIA  
NOTICE OF CHANGE  
DIVISION FOR THE AGED

DEPARTMENT OF SOCIAL WELFARE  
County \_\_\_\_\_  
Date \_\_\_\_\_  
Name \_\_\_\_\_  
State No. \_\_\_\_\_  
County No. \_\_\_\_\_

SEC. I

Change (1)	Effective Date of Change (2)	Total Amount Aid Ad Per Month Granted from Date of Change (3)	Total Income Other Than Aged Aid (4)	INCOME OTHER THAN AGED AID Sources and Amounts of Income (5)		Actual Amount of Verified Need (To be used only when need is excess of \$50) (6)	Nature and Amount of Each Excess Need and How Verified (7)
DECREASE							
INCREASE							
RESTORATION							
PAYMENT TO COUNTY FOR HOSPITAL CARE CHANGE IN NEED OR INCOME. NO CHANGE IN GRANT							
TOTAL							

\* For payment to county for hospital care, report total amount to which eligible if not confined.

Reason for Change: (Give date of release from institution if restored for this reason. If restored following discontinuance because of employment, state date of applicant's signed request for restoration.)

SEC. II USE THIS SECTION FOR DISCONTINUANCES ONLY

A. Discontinuance of:  
 (1) OAS Grant to Recipient  
 (2) County Hospital Care Payment  
 B. Effective date of discontinuance \_\_\_\_\_  
 C. Date ineligibility discovered \_\_\_\_\_  
 D. Date of last previous county investigation \_\_\_\_\_  
 E. Reason for discontinuance of aid to recipient or of payment to county for hospital care (check principal reason only)  
 1. Release from County Hospital. Date \_\_\_\_\_  
 2. Death. Date \_\_\_\_\_  
 3. In County Hospital more than 2 months  
 Date of admission \_\_\_\_\_  
 Determination of probable hospitalization period  
 Two months or less from date of admission  
 More than two months from date of admission  
 4. Admitted to other public institution. Date \_\_\_\_\_  
 INSTITUTION \_\_\_\_\_  
 5. Subsequent information disproves eligibility originally established (explain below)  
 6. Old Age retirement benefits  
 7. Survivors' benefits  
 8. Earnings of recipient

REMARKS:

If discontinuance is due to excess income or property (Items E6-E17), state total amount of income, type and value of property, and date excess first received or acquired. Should a refund be due, state possibility of or plans for its collection.

SEC. III  
Approved by the Board of Supervisors of the County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_  
RESERVE FOR STATE  
Reviewer \_\_\_\_\_ Date \_\_\_\_\_ [SIGNED] County Clerk or Deputy \_\_\_\_\_

Submit two copies to State Department of Social Welfare for discontinuances including discontinuance of payment to county for hospital care, restorations, and payment to county for hospital care; one copy for other changes.  
SUBMIT ONE COPY OF ALL CHANGES TO COUNTY AUDITOR

Form AG 232 (revised)—October, 1943

601-99 Sec. 601-99 Estimate Forms  
OAS; ANB; APSB; ANC

FORM AG 809

Form AG 809 (revised)—May, 1943  
Effective July 1, 1943  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

INSTRUCTIONS—Forward 7 copies to  
State Department of Social Welfare  
Sacramento, California

COUNTY REPORT OF ESTIMATED QUARTERLY EXPENDITURES AND FUNDS  
MADE AVAILABLE FOR OLD AGE SECURITY

SUBMITTED BY THE COUNTY OF X STATE OF CALIFORNIA

FOR THE QUARTER BEGINNING October 1, 1943, AND ENDING December 31, 1943

## Total Estimated Expenditures

	Column 1 TOTAL FOR QUARTER (Total of Columns 2, 3, and 4)	Column 2 FIRST MONTH	Column 3 SECOND MONTH	Column 4 THIRD MONTH
1. Estimated number of aged individuals to receive aid	X	3680	3685	3690
2. Estimated average aid payment per individual	X	\$ 47.50	\$ 47.50	\$ 47.50
3. Estimated expenditures for aid. (Item 1 X Item 2 for each month)	\$ 525,112.50	\$ 174,800.00	\$ 175,037.50	\$ 175,275.00
4. Total estimated administrative expenditures to be incurred for administration of the Old Age Security Law	\$ 16,852.83	\$ 5,617.61	\$ 5,617.61	\$ 5,617.61

## Estimate of Federal Grant

	Column 1 TOTAL FOR QUARTER (Total of Columns 2, 3, and 4)	Column 2 FIRST MONTH	Column 3 SECOND MONTH	Column 4 THIRD MONTH
5. Total amount of estimated expenditures for old age security. (Item 3 above)	\$ 525,112.50	\$ 174,800.00	\$ 175,037.50	\$ 175,275.00
6. Less: Estimated expenditures to aged persons ineligible to Federal aid	\$ 600.00	\$ 200.00	\$ 200.00	\$ 200.00
7. Less: Estimated expenditures in excess of \$40.00	\$ 93,967.50	\$ 31,280.00	\$ 31,322.50	\$ 31,365.00
8. Balance [Item 5 (minus Item 6 and Item 7)]	\$ 430,545.00	\$ 143,320.00	\$ 143,515.00	\$ 143,710.00
9. Estimated amount of Federal grant for old age security. (One-half of Item 8)	\$ 215,272.50	\$ 71,660.00	\$ 71,757.50	\$ 71,855.00
10. 3 per cent additional for administrative costs. (Item 9 multiplied by 3 per cent) (Must not exceed Item 4 above)	\$ 6,458.18	\$ 2,149.80	\$ 2,152.73	\$ 2,155.65
11. Total estimated amount of Federal funds to be received by the county for State and county share of Federal grant for old age security, plus county share of additional grant for cost of administering the law. (Item 9 plus Item 10)	\$ 221,730.68	\$ 73,809.80	\$ 73,910.23	\$ 74,010.65
For State use only: Net Adjustment for Prior Quarters				

## Estimate of State Grant

	Column 1 TOTAL FOR QUARTER (Total of Columns 2, 3, and 4)	Column 2 FIRST MONTH	Column 3 SECOND MONTH	Column 4 THIRD MONTH
12. Total amount of estimated expenditures for old age security. (Item 3 above)	\$ 525,112.50	\$ 174,800.00	\$ 175,037.50	\$ 175,275.00
13. Less: Estimated amount of Federal grant for old age security. (State and county share) (Item 9 above)	\$ 215,272.50	\$ 71,660.00	\$ 71,757.50	\$ 71,855.00
14. Balance (Item 12 minus Item 13)	\$ 309,840.00	\$ 103,140.00	\$ 103,280.00	\$ 103,420.00
15. Total estimated amount of State funds to be received by the county. (Five-sixths of Item 14)	\$ 258,200.00	\$ 85,950.00	\$ 86,066.67	\$ 86,183.33
For State use only: Net Adjustment for Prior Quarters				

16. Total amount appropriated or made available for aid and administration of aid for old age security during this quarter from local funds. (Total of (A) and (B) below)

(A) Amount appropriated or made available for aid

NOTE.—If the amount which has actually been made available for aid is less than one-sixth of the quarterly total reported in Item 14 above, show on a separate signed statement attached to this report when and from what source or sources the difference is expected to be made available.

(B) Amount appropriated or made available for administration

NOTE.—If the amount which has actually been made available for estimated county share of administrative costs is less than the difference between the quarterly total of Item 4 and the quarterly total reported in Item 10 above, show on a separate signed statement attached to this report when and from what source or sources the difference is expected to be made available.

Do Not Write in This Space

I HEREBY CERTIFY, That the above statements as to availability of county funds are true and correct.

STATE OF CALIFORNIA  
COUNTY OF X ss.

[SIGNATURE OF COUNTY AUDITOR]

John Smith

Jane Doe being duly sworn, deposes and says: That he is the county official responsible for the administration of Old Age Security in and for the said county; that the above is a true and correct statement of the estimated expenditures under the Old Age Security Law, Chapter 1 of Division III of the Welfare and Institutions Code, and amendments thereto, and Title I of the Social Security Act, and amendments thereto, and that the provisions of same will be complied with in the expenditure of these funds.

Subscribed and sworn to before me this first day  
of August 1943.  
Mary Jones  
Title Deputy County Clerk

[SIGNATURE OF DIRECTOR OR OFFICIAL IN CHARGE] Jane Doe

Approved: Time Welfare Director

Richard Roe  
Chairman, Board of Supervisors

**Sec. 601-00 Quarterly Estimates of Expenditures for Aid and Administration** W&IC SECS. 1555,  
OAS; ANB; APSB; ANC 2188, 3087.2, 3481 601-00

State and Federal funds are forwarded to the counties monthly in advance. The amounts advanced are based upon the County Report of Estimated Quarterly Expenditures and Funds Made Available (Form Ag, Bl, CA 809) as adjusted by the SDSW for the differences between estimates and aid claims for the second prior quarter.

Copies of each estimate are requested from the counties two months prior to the beginning of the quarter to which such reports apply. Delay in submitting the quarterly estimates holds up advances to all counties; therefore, reports should be filed promptly. The State Controller, in cooperation with the SDSW attempts to mail warrants for Federal and State funds to reach the counties by the last day of each month preceding the month for which the funds are advanced. (See Forms Ag, Bl, CA 809 in Sec. 601-99, Estimate Forms.)

**Sec. 601-10 Quarterly Adjustment of Funds** W&IC SECS. 1555, 2188, 3087.2, 3481 601-10  
OAS; ANB; APSB; ANC

Upon approval by the SDSW of the three monthly claims for aid and administrative expenditures covering a particular quarter, an adjustment of the differences between the expenditures of Federal and State funds as estimated for the quarter and the total of all audited claims for the same quarter is made.

If there is an excess in the estimate over the expenditures for the same quarter, this amount is deducted from the first monthly advance of the second subsequent estimate filed. If there is a deficiency in the estimate under the expenditures, this amount is added to the first monthly advance of the second subsequent estimate filed. When an adjustment occurs requiring a deduction greater than the first monthly advance, the adjustment is applied to subsequent advances until the total deduction has been effected.

**Sec. 601-20 Use of State and Federal Funds** W&IC SECS. 103; 2009, 3002, 103.5, 103.6, 3460 601-20  
OAS; ANB; APSB; ANC

Moneys in possession of a county representing amounts advanced by the State and Federal governments for the payment of OAS, ANB, APSB, ANC, and county administrative expense are accountable to the SDSW and the FSSB. Therefore, special funds or special separate accounts should be set up to record the receipt of such moneys and transfers or disbursements therefrom. These funds are subject to audit by the State and Federal auditors.

Warrants drawn upon any State, Federal or county fund in payment of OAS, ANB and APSB shall not carry any reference to indigency or pauperism. The title of such funds should likewise omit any similar reference. For the sake of uniform denotation, the title "Welfare and Security Fund" is suggested for categorical aid funds. (See Sec. 102-20, No Pauper Designation.)

## FORM CA 809

FORM CA 809 (revised)—May, 1943  
Effective July 1, 1943  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

INSTRUCTIONS—Forward 7 copies to  
State Department of Social Welfare  
Sacramento, California

**COUNTY REPORT OF ESTIMATED QUARTERLY EXPENDITURES AND FUNDS  
MADE AVAILABLE FOR AID TO NEEDY CHILDREN**

SUBMITTED BY THE COUNTY OF X STATE OF CALIFORNIA  
FOR THE QUARTER BEGINNING October 1, 1943 AND ENDING December 31, 1943

**Total Estimated Expenditures Subject to State Participation  
(Excluding Children Living in Boarding Homes and Institutions)**

	Column 1 TOTAL FOR QUARTER (Total of Columns 2, 3, and 4)	Column 2 FIRST MONTH	Column 3 SECOND MONTH	Column 4 THIRD MONTH
1. Estimated number of needy children to receive aid	<u>XXXXXX</u>	<u>1419</u>	<u>1425</u>	<u>1435</u>
2. Estimated average assistance payment per child	<u>XXXXXX</u>	\$ <u>22.00</u>	\$ <u>22.00</u>	\$ <u>22.00</u>
3. Estimated expenditures for aid (Item 1 $\times$ Item 2 for each month)	\$ <u>94,138.00</u>	\$ <u>31,218.00</u>	\$ <u>31,350.00</u>	\$ <u>31,570.00</u>
4. Total estimated administrative expenditures to be incurred for all children's cases under the Aid to Needy Children Law	\$ <u>7,464.00</u>	\$ <u>2,488.00</u>	\$ <u>2,488.00</u>	\$ <u>2,488.00</u>
5. Less: Estimated administrative expenditures to be incurred for cases ineligible to Federal Aid	\$ <u>2,010.00</u>	\$ <u>670.00</u>	\$ <u>670.00</u>	\$ <u>670.00</u>
6. Total estimated administrative expenditures to be incurred for children's cases eligible to Federal Aid only (Item 4 minus Item 5)	\$ <u>5,454.00</u>	\$ <u>1,818.00</u>	\$ <u>1,818.00</u>	\$ <u>1,818.00</u>

**Estimate of Federal Grant**

	Column 1 TOTAL FOR QUARTER (Total of Columns 2, 3, and 4)	Column 2 FIRST MONTH	Column 3 SECOND MONTH	Column 4 THIRD MONTH
7. Total amount of estimated expenditures for aid for children subject to State participation. (Item 3 above)	\$ <u>94,138.00</u>	\$ <u>31,218.00</u>	\$ <u>31,350.00</u>	\$ <u>31,570.00</u>
8. Less: Estimated expenditures for children ineligible to Federal aid	\$ <u>1,656.00</u>	\$ <u>552.00</u>	\$ <u>552.00</u>	\$ <u>552.00</u>
9. Less: Estimated expenditures in excess of \$18.00 for one child and \$12.00 for each additional child in the same household group	\$ <u>26,250.00</u>	\$ <u>8,750.00</u>	\$ <u>8,750.00</u>	\$ <u>8,750.00</u>
10. Balance [Item 7 minus (Item 8 and Item 9)]	\$ <u>66,232.00</u>	\$ <u>21,916.00</u>	\$ <u>22,048.00</u>	\$ <u>22,268.00</u>
11. Estimated amount of Federal grant for aid to needy children (one-half of Item 10)	\$ <u>33,116.00</u>	\$ <u>10,958.00</u>	\$ <u>11,024.00</u>	\$ <u>11,134.00</u>
12. Additional amount allowed for administration (one-half of Item 6 above)	\$ <u>2,727.00</u>	\$ <u>909.00</u>	\$ <u>909.00</u>	\$ <u>909.00</u>
13. Total estimated amount of Federal funds to be received by the county for State and county share of Federal grant for aid to needy children, plus county share of additional grant for cost of administering the law. (Item 11 plus Item 12)	\$ <u>35,843.00</u>	\$ <u>11,867.00</u>	\$ <u>11,933.00</u>	\$ <u>12,043.00</u>

For State use only: Net Adjustment for Prior Quarters.

**Estimate of State Grant**

	Column 1 TOTAL FOR QUARTER (Total of Columns 2, 3, and 4)	Column 2 FIRST MONTH	Column 3 SECOND MONTH	Column 4 THIRD MONTH
14. Total amount of estimated expenditures for aid for children subject to State participation. (Item 3 above)	\$ <u>94,138.00</u>	\$ <u>31,218.00</u>	\$ <u>31,350.00</u>	\$ <u>31,570.00</u>
15. Less: Estimated amount of Federal grant for aid to needy children (State and county share). (Item 11 above)	\$ <u>33,116.00</u>	\$ <u>10,958.00</u>	\$ <u>11,024.00</u>	\$ <u>11,134.00</u>
16. Balance (Item 14 minus Item 15)	\$ <u>61,022.00</u>	\$ <u>20,260.00</u>	\$ <u>20,326.00</u>	\$ <u>20,436.00</u>
17. Total estimated amount of State funds to be received by the county. (Two-thirds of Item 16)	\$ <u>40,681.34</u>	\$ <u>13,506.67</u>	\$ <u>13,550.67</u>	\$ <u>13,624.00</u>

18. Total amount appropriated or made available for aid and administration of aid to needy children during this quarter from local funds. (Total of (A) and (B) below)

(A) Amount appropriated or made available for aid

\$ 20,340.67

Note.—If the amount which has actually been made available for aid is less than one-third of the quarterly total reported in Item 16 above, show on a separate signed statement attached to this report when and from what source or sources the difference is expected to be made available.

(B) Amount appropriated or made available for administration

\$ 4,737.00

Note.—If the amount which has actually been made available for estimated county share of administrative costs is less than all administrative costs not subject to Federal participation (the quarterly total of Item 5) plus one-half of the administrative costs subject to Federal participation (one-half of the quarterly total of Item 6), show on a separate signed statement attached to this report when and from what source or sources the difference is expected to be made available.

Do Not Write in This Space

I HEREBY CERTIFY, That the above statements as to availability of county funds are true and correct.

STATE OF CALIFORNIA

COUNTY OF X

{ss.}

[SIGNATURE OF COUNTY AUDITOR]

John Smith

Jane Doe being duly sworn, deposes and says: That he is the county official responsible for the administration of Aid to Needy Children in and for the said county; that the above is a true and correct statement of the estimated expenditures under the provisions of Chapter 1 of Part 2 of Division II of the Welfare and Institutions Code, and amendments thereto, and Title IV of the Social Security Act, and amendments thereto, and that the provisions of same will be complied with in the expenditure of these funds.

Subscribed and sworn to before me this first day  
of August 1943.

Mary Jones  
Deputy County Clerk

[SIGNATURE OF DIRECTOR OR OFFICIAL IN CHARGE]

Jane Doe

Title Welfare Director

APPROVED: Richard Roe

Chairman, Board of Supervisors

FORM BL 809

FORM BL 809 (revised)—September, 1942  
 (Formerly Bl. 17-DFA)  
 Effective January 1, 1943  
 STATE OF CALIFORNIA  
 DEPARTMENT OF SOCIAL WELFARE

INSTRUCTIONS—Forward 7 copies to  
 State Department of Social Welfare  
 Sacramento, California

**COUNTY REPORT OF ESTIMATED QUARTERLY EXPENDITURES AND FUNDS  
MADE AVAILABLE FOR AID TO THE NEEDY BLIND**

SUBMITTED BY THE COUNTY OF X STATE OF CALIFORNIA  
 FOR THE QUARTER BEGINNING October 1, 1943 AND ENDING December 31, 1943.

**Total Estimated Expenditures**

	Column 1 TOTAL FOR QUARTER (Total of Columns 2, 3, and 4)	Column 2 FIRST MONTH	Column 3 SECOND MONTH	Column 4 THIRD MONTH
1. Estimated number of blind individuals to receive aid.....	× × × × × × × ×	151	152	153
2. Estimated average aid payment per individual.....	× × × × × × × ×	\$ 45.60	\$ 45.60	\$ 45.60
3. Estimated expenditures for aid. (Item 1 × Item 2 for each month).....	\$ 20,793.60	\$ 6,885.60	\$ 6,931.20	\$ 6,976.80
4. Total estimated administrative expenditures to be incurred for all blind persons under the Aid to Needy Blind Law.....	\$ 543.83	\$ 181.28	\$ 181.28	\$ 181.27
5. Less: Estimated administrative expenditures to be incurred for blind persons ineligible to Federal Aid.....	\$ 31.93	\$ 10.65	\$ 10.65	\$ 10.63
6. Total estimated administrative expenditures to be incurred for blind persons eligible to Federal Aid only (Item 4 minus Item 5) .....	\$ 511.90	\$ 170.63	\$ 170.63	\$ 170.64

**Estimate of Federal Grant**

	Column 1 TOTAL FOR QUARTER (Total of Columns 2, 3, and 4)	Column 2 FIRST MONTH	Column 3 SECOND MONTH	Column 4 THIRD MONTH
7. Total amount of estimated expenditures for aid to the needy blind. (Item 3 above).....	\$ 20,793.60	\$ 6,885.60	\$ 6,931.20	\$ 6,976.80
8. Less: Estimated expenditures to blind persons ineligible to Federal Aid.....	\$ 750.00	\$ 250.00	\$ 250.00	\$ 250.00
9. Less: Estimated expenditures in excess of \$40.....	\$ 3,119.04	\$ 1,032.84	\$ 1,039.68	\$ 1,046.52
10. Balance [Item 7 minus (Item 8 and Item 9)].....	\$ 16,924.56	\$ 5,602.76	\$ 5,641.52	\$ 5,680.28
11. Estimated amount of Federal grant for aid to the needy blind. (One-half of Item 10).....	\$ 8,462.28	\$ 2,801.38	\$ 2,820.76	\$ 2,840.14
12. Additional amount allowed for administration. (One-half of Item 6 above).....	\$ 255.95	\$ 85.32	\$ 85.31	\$ 85.32
13. Total estimated amount of Federal funds to be received by the county for State and county share of Federal grant for aid to the needy blind, plus county share of additional grant for cost of administering the law. (Item 11 plus Item 12).....	\$ 8,718.23	\$ 2,886.70	\$ 2,906.07	\$ 2,925.46
For State use only: Net Adjustment for Prior Quarters.....				

**Estimate of State Grant**

	Column 1 TOTAL FOR QUARTER (Total of Columns 2, 3, and 4)	Column 2 FIRST MONTH	Column 3 SECOND MONTH	Column 4 THIRD MONTH
14. Total amount of estimated expenditures for aid to the needy blind. (Item 3 above).....	\$ 20,793.60	\$ 6,885.60	\$ 6,931.20	\$ 6,976.80
15. Less: Estimated amount of Federal grant for aid to the needy blind. (State and county share) (Item 11 above).....	\$ 8,462.28	\$ 2,801.38	\$ 2,820.76	\$ 2,840.14
16. Balance (Item 14 minus Item 15).....	\$ 12,331.32	\$ 4,084.22	\$ 4,110.44	\$ 4,136.66
17. Total estimated amount of State funds to be received by the county. (One-half of Item 16).....	\$ 6,165.66	\$ 2,042.11	\$ 2,055.22	\$ 2,068.33
For State use only: Net Adjustment for Prior Quarters.....				

18. Total amount appropriated or made available for aid and administration of aid to needy blind during this quarter from local funds (Total of (A) and (B) below) . . . . . \$ 6,165.66 \$ 6,453.54

(A) Amount appropriated or made available for aid . . . . . \$ 6,165.66

Note.—If the amount which has actually been made available for aid is less than one-half of the quarterly total reported in Item 16 above, show on a separate signed statement attached to this report who and from what source or sources the difference is expected to be made available.

(B) Amount appropriated or made available for administration . . . . . \$ 287.88

Note.—If the amount which has actually been made available for estimated county share of administrative costs is less than all administrative costs not subject to Federal participation (the quarterly total of Item 3) plus one-half of the administrative costs subject to Federal participation (one-half of the quarterly total of Item 6), show on a separate signed statement attached to this report when and from what source or sources the difference is expected to be made available.

Do Not Write in This Space

I HEREBY CERTIFY, That the above statements as to availability of county funds are true and correct.

STATE OF CALIFORNIA

COUNTY OF X

{ss.

[SIGNATURE OF COUNTY AUDITOR]

*John Smith*

Jane Doe being duly sworn, deposes and says: That he is the county official responsible for the administration of Aid to Needy Blind in and for the said county; that the above is a true and correct statement of the estimated expenditures under Chapters 1 and 3 of Part I of Division V of the Welfare and Institutions Code, and amendments thereto, and Title X of the Social Security Act, and amendments thereto, and that the provisions of same will be complied with in the expenditure of these funds.

Subscribed and sworn to before me this first day

of August 1943

*Mary Jones*

Title Deputy County Clerk

[SIGNATURE OF DIRECTOR OR OFFICIAL IN CHARGE]

*Jane Doe*

Title Welfare Director

Approved: *Richard Rose*

Chairman, Board of Supervisors

**610-40 Sec. 610-40 Recipient of Payment** W&IC SECS. 2006, 2183, 114, 1560, 2140, 3075, 3460**OAS; ANB; APSB; ANC**

Payments of aid shall be made directly to the authorized payee.

In OAS, ANB, and APSB, when a guardian is the payee, Summary of Letters of Guardianship (Form DPA 5) shall be on file with the SDSW. (See Sec. 626-60, Identification on Aid Pay Rolls.) The guardian's name shall appear on the pay roll together with the name of the grantee.

ANC payments shall be made to the person or institution providing care for the children on whose behalf the grant is made. Payments in every case where circumstances permit should be made to a payee eligible under the Social Security Act. (See Sec. 628-00, Payees Eligible Under Social Security Act.)

**610-50 Sec. 610-50 Identification on Warrants** W&IC SECS. 114, 1560, 2140, 3075, 3460**OAS; ANB; APSB; ANC**

The payee's name shall appear on the warrant and on the pay roll exactly as his signature appears on the application (Form Ag, Bl, CA 200, Bl 200a), on the Summary of Letters of Guardianship (Form DPA 5) or, in ANC, on the latest Notice of Change (Form CA 232). (See Sec. 202-20, The Application Form.)

The State number assigned to the case may appear on the face of the warrant for further identification. It shall be used with the name in all correspondence, reports, records, and other data regarding the warrant.

**Sec. 610-10 Mode of Payment** W&IC SECS. 222, 1552, 2183, 3084

610-10

OAS; ANB; APSB; ANC

All aid paid to recipients shall be by warrant of the county.

County warrants issued in payment of aid shall be redeemable at par. The financial condition of the county should at all times guarantee the cashing of warrants without discount. If it becomes necessary at some time for the county to register its warrants, the SDSW shall be notified at once as to arrangements made with local banks for the immediate cashing of warrants at par on demand.

Aid in kind is not subject to State and Federal participation.

**Sec. 610-20 Time of Payment** W&IC SECS. 1500, 1552, 1552.3

610-20

OAS; ANB; APSB; ANC

Payments of aid shall be made by county warrant monthly in advance, except payments of ANC for children who are living in boarding homes or institutions. Payment of ANC for such children may be made to the boarding home or institution at any time during or at the end of the month for which the aid is granted. One warrant may be issued to each boarding home or institution covering all children in the home to whom board and care is given during the month, or a separate warrant may be issued for each child or family group. (See Secs. 611-60, Initial Payments, and 361-25, Retroactive Aid Payments by County.)

All warrants shall be clearly marked to show the date of issuance.

Payment is effected by deposit of the warrant, properly stamped and addressed, in the United States mail, or by delivery to the recipient or payee by an authorized representative of the county.

Advance payment means delivery of the warrant on or as near as possible to the first business day of the month, as compliance with State and county regulations will permit; however, the warrant should not be deposited in the mail for delivery prior to the first day of each respective month. If a recipient is eligible on the first day of the month and the warrants are delivered on that date, he is entitled to receive payment for the full month, even though his status changes at some time during the month.

The State, Federal, and county portions of the aid shall be paid at one time by a single warrant.

**610-75 Sec. 610-75 Payments to Parolees of State Hospitals W&IC SECS. 114, 2140, 3075, 3460****OAS; ANB; APSB**

Aid may be paid to a person who is a parolee of a State hospital. A legal guardian may or may not have been appointed for such parolee.

The aid is paid directly to the parolee when:

1. No guardian has been appointed; or
2. The guardian is of the person only.

The aid is paid to the guardian when he is:

1. Guardian of the estate only; or
2. Guardian of the person and the estate.

The guardian of the estate of the parolee may be a public official. There is no Federal participation in such cases if the guardian is an official of the SDI or an employee of the county welfare department. (See Sec. 230-60, Guardianship.)

**610-80 Sec. 610-80 Restricted or Conditional Payment W&IC SECS. 1505, 2006, 3003, 3008, 3460****OAS; ANB; APSB; ANC**

Restricted or conditional payments are not subject to Federal and State participation.

A restricted or conditional payment is one in which an express or implied requirement is made of the recipient that delivery of the aid warrant is contingent upon agreement to make any certain or specified payments from the aid granted.

The recipient shall have full use of the warrant and there shall be neither State nor county control of its expenditure. (See Sec. 102-30, Expenditure of Aid.) Payments of aid shall be delivered unconditionally to the recipient in the full amount of the grant and for the sole use and benefit of the individual or individuals on whose behalf the grant is made. The warrant shall be issued to the recipient through the U. S. mail to the address at which he customarily receives mail, or delivered to him by an authorized representative of the county.

Warrants delivered in care of a merchant are restricted payments except when such deliveries are made upon the voluntary written request of the recipient. Likewise, payments of aid through the medium of a county trust fund or county trust fund account, in which the full amount of the warrant is not delivered to the recipient each month are restricted payments.

**Sec. 610-60 Payment to Inmate of Public Institution** W&IC SECS. 2160, 2160.6, 3044

610-60

OAS; ANB; APSB; ANC

Aid shall not be paid to any inmate of a public institution, except when confined for temporary medical or surgical care. Secs. 164-10 and 164-20, Eligibility for Medical Care, relating to continuance of aid to a recipient confined in a public hospital for medical or surgical care, shall determine the final payment to such a recipient.

When aid is restored to a former recipient whose aid was discontinued because of hospitalization, the beginning date of such aid shall not ante-date the day he leaves the institution. (See Sec. 215-00, Restorations of Aid.)

Inmates of public institutions who have not previously received aid may make application for OAS, ANB, or APSB, but shall leave the institution on receipt of the first monthly warrant. The warrant delivered upon the release of such inmate may be made in the full monthly amount, provided the application is signed on or prior to the first day of the month during which the applicant was released from the institution. (See Sec. 162-05, Eligibility of Public Institution Inmates.)

**Sec. 610-70 Certification of Payment after Release of Inmate from Institution**

610-70

OAS; ANB; APSB W&amp;IC SECS. 114, 2140, 3075, 3460, 2160, 3044

As evidence that the warrant for an applicant who was an inmate of a public institution was delivered to him after his release from the institution, a Certificate of Delivery of Payment of Aid (Form Ag, Bl 231) shall be completed and forwarded to the SDSW. The county official or other person delivering the warrant certifies on Form Ag, Bl 231 to the date the applicant left the institution and the date the warrant was delivered.

When aid is restored following discontinuance because the recipient entered a public institution Form Ag, Bl 231 need not be submitted but the Notice of Change (Form Ag, Bl 232) shall show the date the recipient left the institution. When the Form Ag, Bl 232 restoring aid is prepared in advance on the basis of the anticipated date when he will leave the institution, Form Ag, Bl 231 shall be submitted as evidence that he left the institution on or prior to the effective date of the restoration.

The above procedure does not apply where a recipient of OAS, ANB, or APSB enters a hospital for temporary medical care and aid is continued. Warrants shall be delivered to such recipients after admittance to the institution in accordance with the rules in Secs. 164-10 and 164-20, Eligibility for Medical Care.

**611-40 Sec. 611-40 Signature Card File W&IC SECS. 114, 1560, 2140, 3075, 3460****OAS; ANB; APSB; ANC**

The following procedure is advised: A signature card file should be maintained in the county to verify endorsements on warrants. In OAS, ANB, and APSB, the signature and name on the card should agree with that on the application (Form Ag, Bl 200, Bl 200a) or summary of Letters of Guardianship (Form DPA 5). In ANC, the signature on the card should agree with that on the application (Form CA 200) or Notice of Change (Form CA 232). When a mark (an X or thumb print) is used on the application, the same method should be used on the signature card. When administratively possible, the signature of any person who regularly acts as witness to a mark should be in this file. Such a file protects both recipients and the county in detecting forgeries on lost and stolen warrants through comparison of endorsement with the signature card.

**611-50 Sec. 611-50 Beginning Date of Aid—New Applications W&IC SECS. 1550, 2183, 3082****OAS; ANB; APSB; ANC**

The beginning date of aid on every new application is determined by the law governing the respective category of aid as follows:

1. Aid shall begin on the date the application is signed if the application is granted by the board of supervisors in the same month in which the application is signed.

Example: Application signed September 6; granted by board of supervisors September 21.  
Aid begins September 6.

2. Aid shall begin on the first day of the month in which the application is granted by the board of supervisors when the application was signed in a previous month; and,

(a) In ANB, APSB, and ANC, 90 days or less have elapsed between the date the application was signed and the date aid was granted by the board of supervisors.

Example: Application signed September 6; granted by board of supervisors November 16. Aid begins November 1.

(b) In OAS, 60 days or less (except when aid has previously been discontinued because of employment) have elapsed between the date the application was signed and the date aid was granted by the board of supervisors.

Example: Application signed September 6, granted by board of supervisors October 16.  
Aid begins October 1.

(c) In OAS, when reapplication (see Sec. 210-00, Reapplications) is made following discontinuance because of employment and 30 days or less have elapsed between the date the application was signed and the date aid was granted by the board of supervisors.

Example: Application signed September 6, granted by board of supervisors October 3.  
Aid begins October 1.

3. When the investigation of the application is not completed by action of the board of supervisors within the time limit specified for the particular category of aid, aid shall begin as follows:

(a) In OAS, when the investigation of the application is not completed by action of the board of supervisors within 60 days from the signing of the application (except in case of reapplications following discontinuance because of employment), and aid is granted on the 61st or some subsequent day, aid shall begin on the first of the month in which the board of supervisors grants the application, or from the first of the month following the expiration of the 60-day period, whichever is earlier. (See Sec. 611-70, Retroactive Initial Payments.)

**Sec. 611-10 Payments When Child Dies** W&IC SECS. 114, 1560

611-10

**ANC**

Federal and State participation is available for aid paid at any time during the calendar month in which a child receiving ANC dies, irrespective of whether the payment was made before or after the date of death. Such participation is available even though the child who dies is the only child in the family receiving ANC.

**Sec. 611-20 Payments When Payee Dies** W&IC SECS. 114, 1560, 2140, 3075, 3460

611-20

**OAS; ANB; APSB; ANC**

When the payee is other than the recipient of aid, the warrant shall not become part of the payee's estate in case of his death.

The original warrant, issued to the deceased payee, shall be canceled and a duplicate warrant shall be issued to the new payee or guardian.

**Sec. 611-30 Endorsement of Warrants** W&IC SECS. 114, 1560, 2140, 3075, 3460

611-30

**OAS; ANB; APSB; ANC**

Warrants issued in payment of aid shall be endorsed by the authorized payee in order to signify receipt of payment, except in the case of a deceased grantee or payee as provided in Sec. 611-00, Payment When Grantee Dies, and Sec. 611-20, Payments When Payee Dies. Warrants issued in favor of the legally appointed guardian of a recipient shall be endorsed by the guardian.

There is no Federal and State participation when endorsements on warrants are by some one other than the payee, even though made in the payee's name, e.g., John Jones by Herman K. Jones.

A payee may endorse a warrant in a foreign language which differs in appearance from his name as it appears on the face of the warrant, e.g., in Chinese characters. Such endorsement is acceptable unless there is reason to doubt its authenticity.

When a payee is unable to write his name, he may endorse his warrant by means of a mark, e.g., an X or a thumb print. Such mark endorsement shall be accompanied by the name of the grantee and the signature and address of at least one witness in attendance at the time the mark endorsement is made.

Example of a form which may be used on the reverse side of the warrant to obtain proper endorsement:

Endorsement hereon acknowledges payment for month specified

This warrant must be endorsed on the line below by the person in whose favor it is drawn, and the name must be spelled exactly the same as it is on the face of this warrant.  
**(Note: If endorsement is made by mark (X) see instructions below.)**

(Sign on this line)

**FORM FOR ENDORSEMENT BY MARK (X)**

If endorsement is made by mark (X) it must be witnessed by one person who can write.  
Use form below:

**(HIS) OR (HER)**



**MARK**

(Payee's name must be written on this line exactly as it appears on face of warrant.)

Witnesses to mark:

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**611-55 Sec. 611-55 Beginning Date of Aid—Restorations** W&IC SECS. 114, 2140, 3075, 3460  
OAS; ANB; APSB; ANC

Restorations shall be effective as of the first day of the month in which action is taken by the board of supervisors unless the status of eligibility requires that the board of supervisors specify a later date, except in OAS when restoration is requested following discontinuance due to employment. (See Sec. 215-00, Restoration of Aid.)

In OAS, whenever a former recipient whose aid was discontinued because of employment requests restoration because the employment has ceased, the request shall be in writing and the signed statement shall include the date on which the employment terminated. The date on which such request for restoration is signed governs the beginning date of aid (unless the status of eligibility requires the board of supervisors to specify later date), and the effective date of restoration is determined as follows:

1. Aid shall be restored on the date the request for restoration is signed if the aid is granted by the board of supervisors in the same month in which the request is signed.

Example: Restoration is requested on March 16; granted by board of supervisors on March 23. Aid begins March 16.

2. Aid shall be restored on the first day of the month in which aid is granted by the board of supervisors when the request for restoration has been signed in a previous month and 30 days or less have elapsed between the date the request was signed and the date aid is granted by the board of supervisors.

Example: Restoration is requested on March 16; granted by board of supervisors on April 15. Aid begins April 1.

3. When investigation of the request for restoration is not completed within 30 days from the signing of the request and aid is granted by the board of supervisors on the 31st or some subsequent day, aid shall be restored on the first day of the month during which the 30-day period ends.

The day following that on which the former recipient requests restoration represents the first day of the investigation period. When the 30th day falls on a Sunday or a legal holiday, the following day is considered the 30th day. The date on which the board of supervisors acts on the request for restoration is the date on which the investigation is completed. (See Sec. 611-70, Retroactive Initial Payments.)

Example: Restoration is requested on March 16; granted by board of supervisors on May 5. The 30-day period ends April 15. Retroactive aid is paid from April 1.

When in OAS reapplication is made following discontinuance because of employment and the investigation is not completed by action of the board of supervisors within 30 days from the signing of the application and aid is granted on the 31st or some subsequent day, aid shall begin on the first of the month in which the 30-day period ended.

In OAS, the day following that on which the application is signed represents the first day of the investigation period. When the 60th (or 30th) calendar day falls on a Sunday or a legal holiday, the following day is considered the last day of the investigation period. The date on which the board of supervisors acts on the application is the date on which the investigation is completed.

Example a: Application signed July 15; granted by board of supervisors September 15. 60-day period ended September 13. Aid is paid from September 1 as the first of the month in which the board of supervisors granted the application is earlier than the first of the month following the end of the 60-day period.

Example b: Application signed July 5. The 60-day period ended September 3. Application granted by board of supervisors November 8. Aid is paid from October 1, as the first of the month following the end of the 60-day period is earlier than the first of the month in which the board of supervisors granted the application.

Example c: Reapplication after discontinuance because of employment is made September 10 and the board of supervisors grants the aid October 20. The 30-day period expired October 10. Aid is payable from October 1.

- (b) In ANB, APSB and ANC when the investigation of the application is not completed by action of the board of supervisors within 90 days from the signing of the application and aid is granted on the 91st or some subsequent day, aid shall begin on the first of the month during which the 90-day period ends. (See Sec. 611-70.)

The day following that on which the application is signed represents the first day of the investigation period. When the 90th calendar day falls on a Sunday or a legal holiday, the following day is considered the 90th day. The date on which the board of supervisors acts on the application is the date on which the investigation is completed.

Example a: Application signed September 6; granted by board of supervisors February 6. As the 90-day period ended December 5, aid is paid from December 1.

Example b: Application signed September 6; granted by board of supervisors December 10. As the 90-day period ended December 5, aid begins on December 1.

4. Aid shall begin on the date specified by the SSWB in an order awarding aid. (See Sec. 325-70, Decisions by the SSWB.)

The beginning date of aid shall not antedate the signing of the application. Exception: When the recipient transfers from one county to another, the beginning date of aid in the second county may antedate the signing of the application in the second county. (See Sec. 122-67, Continuous Payment of Aid in Transferred Case.)

## 611-90 Sec. 611-90 Cancellation of Aid Warrants W&amp;IC SEC. 222

OAS; ANB; APSB; ANC

Any warrant issued in payment of aid shall not be redeemed and shall be canceled if not presented for payment within six months after date of issuance. Every aid warrant should carry notice of this fact conspicuously on its face in order that persons holding such warrants will present them for payment within the time limit specified. The following wording is suggested: "Void after six months from date of warrant."

## 611-95 Sec. 611-95 Reissuance of Warrants W&amp;IC SECS. 140, 2222

OAS; ANB; APSB; ANC

Whenever a warrant has been canceled upon the expiration of six months from the date of its issuance, a county may, in a proper case, issue a new warrant in the same amount and for the same purpose as the original. If the reissued warrant is payable to a person other than the grantee there shall be evidence available to indicate that the grantee received the full use and benefit of the grant. (See Sec. 628-06, Claim for Warrants Issued in Lieu of Canceled Warrants.)

Example: A warrant is delivered to an OAS recipient on March 1; is properly endorsed by the recipient and cashed by a grocer on March 3; endorsed by grocer and given to a wholesale house as partial payment on account transmitted by the wholesale house to its home office in the East. On September 1 the warrant is still outstanding and is canceled; finally presented on November 2, through subsequent endorsers, to the county treasurer for payment. A new warrant is issued to the last endorser and Federal and State reimbursement is available as the original warrant shows endorsement by the OAS recipient.

Whenever a warrant has been lost or destroyed before it has been paid by the county treasurer, the amount due may be recovered by the payee by filing with the county auditor an affidavit setting forth the fact of the loss or destruction of the warrant, together with all material facts relative thereto known to the affiant, the amount, the name of the payee, and the date and number of the warrant if the same are known to the affiant. Upon receipt of the affidavit, and without the filing of any bond by the payee, the county auditor shall issue and deliver to the payee of the original warrant a duplicate warrant for the full amount of the original warrant and the county treasurer shall pay the duplicate warrant in lieu of the original warrant. A warrant shall be considered to have been lost if it has been mailed and has not been received by the addressee within 20 days after the date of mailing.

## 612-00 Sec. 612-00 Financial Records for Individual Cases W&amp;IC SECS. 114, 1560, 2140, 3075, 3460

OAS; ANB; APSB; ANC

The following procedure is advised:

An individual account should be kept in the county for each recipient of aid. Such a record should include the name of the grantee and/or payee, the State case number, the amount of the grant, the effective date of the grant, all changes in the rates of aid, the effective dates of such changes, the dates of payment, and warrant numbers. All payments should be posted to these accounts. Cancellations, collections, and other adjustments should be recorded.

These records should be filed in numerical sequence by State number. The issuance of warrants and pay roll listings should follow the same order to facilitate posting.

**Sec. 611-60 Initial Payments** W&IC SECS. 2183, 1552, 1558, 2182, 2183, 3084, 3086

611-60

**OAS; ANB; APSB; ANC**

Initial payments are the first payments made on new applications and restorations.

Initial payments of aid shall be made within the month for which such aid is granted except when aid is granted by the SSWB, or when retroactive aid is granted because the investigation is not completed by action of the board of supervisors within 30, 60, or 90 days after application is made. (See Secs. 611-50, Beginning Date of Aid—New Applications, 611-55, Beginning Date of Aid—Restorations, 611-70, Retroactive Initial Payments, and 361-25, Retroactive Aid Payments by County.) The initial payment includes the day on which aid begins. When aid begins on the first day of a month, payment shall be made for the full month. When aid begins during a month, the initial payment shall cover only the portion of the month for which aid is granted including the beginning day. Exception: This does not apply in cases awarded aid upon appeal to the SSWB.

**Sec. 611-70 Retroactive Initial Payments** W&IC SEC. 2183

611-70

**OAS; ANB; APSB; ANC**

In OAS when the investigation has required more than 60 days on new applications and more than 30 days on restorations after discontinuance due to employment, and in ANB, APSB and ANC when the investigation has required more than 90 days for completion and the payment of retroactive aid is necessary, the payment of such retroactive aid represents the initial payment. Such payment will not be made in the month or months for which the retroactive aid is granted. In such cases, the retroactive payments shall be made in the month of board of supervisors action granting the application. (See Secs. 611-50, Beginning Date of Aid—New Applications, 611-55, Beginning Date of Aid—Restorations, and 627-30, Basis for Federal Participation.)

Example a: An ANB, APSB, or ANC application signed August 5; approved by board of supervisors the following January 10 with aid to begin November 1. November, December and January payments shall be made in January.

Example b: OAS request for restoration after discontinuance due to employment made on February 16; approved by board of supervisors on April 5 with aid to begin March 1. March and April payments shall be made in April.

**Sec. 611-80 Payments Made Upon Order of the SSWB** W&IC SECS. 1552, 2182, 3086

611-80

**OAS; ANB; APSB; ANC**

Payment shall be made in the amount awarded and for the period designated by the order of the SSWB in cases of appeal. Federal and State participation is available for retroactive payments in such cases, except in APSB and certain ANC cases where there is no Federal participation. (See Sec. 325-90, Disposition of Case After SSWB Decision.)

**645-20 Sec. 645-20 Expenditures for Personal Services**      *W&IC SECS. 1553, 2186, 3087***OAS; ANB; ANC**

Participation may be claimed in monies paid to employees engaged in administration of cases eligible to Federal aid for OAS, ANB, and ANC for personal services rendered the individual applicant or recipient to assure him the maximum benefit from the money payment in relation to personal, family, and community resources provided that the following conditions are true:

1. Such services are not performed incident to other public functions;
2. The county has conformed to the requirements of the merit system in the employment of such persons. (See Chapter 070-00, Welfare Personnel Standards);
3. Such services are rendered during the period of pending and continuing eligibility and for a reasonable period after the cessation of the money payment.

Costs of services may be reported for purposes of securing Federal matching in respect to:

1. Information, analysis, investigation, consultation planning and referral, including the cost of transportation and other expenses necessary to enable the applicant or recipient to receive technical services in respect to legal, medical and social problems; excluding the cost of legal, medical, educational, rehabilitative and remedial services that go beyond consultation, diagnosis and planning;
2. Costs of mental and physical examinations and other diagnostic services necessary to determine the mental or physical condition of the applicant or recipient or of a member of the household affecting his health and well-being, including expenses necessary to secure the service, but excluding the costs of medical treatment;
3. Costs of services, including consultation and arrangements for counsel, necessary in the adjustment of legal problems of the applicant or recipient of public assistance, including the official fees, the costs of documents and other expenses necessary to secure the service; but excluding attorney's fees and the costs of judicial proceedings except as provided in 4; and
4. Costs of guardianship proceedings for applicants or recipients of public assistance.

**645-25 Sec. 645-25 Expenditures for CWS**      *W&IC SECS. 103, 103.5, 120***CWS**

In those counties where contracts have been approved for the employment of CWS workers, the amount of a CWS worker's salary chargeable to CWS shall be determined on the basis of effort expended. If the amount so determined is less than the amount received for CWS from the U. S. Children's Bureau, an amount equivalent to the amount received from the U. S. Children's Bureau shall be charged to OWP and the balance of the worker's salary shall be apportioned among all other programs on the basis of the effort expended including CWS.

The minimum amount charged to OWP shall be that amount reimbursed to the county by the SDSW from the U. S. Children's Bureau funds. In those counties where the entire cost is borne by Federal funds, the entire salary shall be included in the OWP category.

**Sec. 645-00 Federal Participation in Administrative Costs** W&IC SECS. 1553, 2186, 3087

645-00

**OAS; ANB; ANC**

The Federal Government participates through the State in county costs of administration as follows:

1. OAS—The Federal Government pays the State 5% of the Federal share of assistance grants. Of this amount, the State now gives to the counties, matching sums actually spent for administration, a percentage as ordered by the SSWB.
2. ANB and ANC—The Federal Government pays one-half of the actually incurred cost of administration for aid cases eligible for Federal participation.

The Federal Government does not participate in salary or other expenditures of county offices other than the welfare department. For example, it does not participate in expenditures for operation of county auditors' offices. The Federal Government does not participate in expenditures for operation of projects such as commissary stores, woodyards, sewing, issuance of hospitalization and clinic permits, shoe repair, rehabilitation and other miscellaneous projects, even though such programs are supervised by the welfare department. Administrative expense for such projects when included in welfare appropriations must be included in gross expenditures on the Administrative Expense Worksheets (Forms DFA 64 and DFA 64A) and reported in OWP column. (See Sec. 645-26, Expenditures for Commissaries.)

When costs of mailing assistance warrants (postage, warrants and stamped envelopes) are included in welfare appropriations they shall be shown on Administrative Expense Worksheet for Maintenance and Operation and Capital Outlay (Form DFA 64A) under columns 1 through 4. No distribution to programs shall be made. When expenditures are made from other than welfare appropriations they shall not be shown on the administrative expense claim.

**Sec. 645-10 Expenditures for Purposes of Administration** W&IC SECS. 1553, 2186, 3087

645-10

**OAS; ANB; ANC**

An expenditure for purposes of administration must be for purposes other than "assistance" (cash or kind), must be directly pertinent or reasonably related to the provisions of financial assistance in the category to which it is allocated and must not be properly chargeable to another program or to any form of assistance as such.

The usual activities involving costs of public-assistance administration for which participation may be claimed are:

1. Supervising the operation of public assistance programs;
2. Developing, evaluating and modifying standards of operation;
3. Maintaining social, financial and statistical records;
4. Preparing and presenting information to official bodies and the public;
5. Determining the original and continued eligibility of individuals for financial assistance and ascertaining the amount of assistance to be granted; e.g.:
  - a. The cost of blind eye examinations. (See Secs. 180-15, Determination of Degree of Blindness, 180-50, Reexamination of Eyes to Determine Continued Eligibility, 235-00, Physician's Reports of Eye Examinations, and 645-80, Expenditures for Eye Examinations.)
  - b. The cost of \$1.00 for search of draft records. (See Sec. 107-85, Draft Board Records as Age Evidence.)
  - c. The cost of search of census records, \$1.00 for routine search or \$3.00 provided the circumstances justify a special search. (See Sec. 107-65, U. S. Census Records as Age Evidence.)
6. Providing such financial assistance.

**645-40 Sec. 645-40 Categories Under Which Time is Recorded (Forms DFA 42 and 43) W&IC SECS. 1553, 2186, 3087  
OAS; ANB; ANC**

All employees should have a clear understanding of the proper definition of the different programs. The following outline applies in all ordinary situations:

**OAS, ANB, APSB, and ANC (Ag, Bl, CA)** Time shall be charged to these programs whenever such time is identifiable with an activity which has as its objective the administration of the OAS, ANB, APSB, or ANC law, respectively. Segregation shall be made in ANC and ANB between cases in which Federal participation is or is not involved. Participation shall be claimed only for time and expense allocable to cases in which Federal funds are included in the aid grant.

**GR (formerly IN).** Charge time to this category which was spent on activities which have as their objectives the administration of county aid and relief to indigents as set forth in the W. & I. C.

**Other Welfare and Relief Programs (OWP).** To these programs charge time expended on all welfare activities under the jurisdiction of the county welfare department except the OAS, ANB, APSB, ANC and GR (Formerly IN) programs. Programs charged under this heading would include county projects, CWS, etc. (See Sec. 645-25, Expenditures for CWS.)

**War Services Programs.** Time expended should be charged in accordance with instructions outlined in the Financial Policies and Procedures Chapter of the War Services Handbook.

**Over-all Salary Expense (Ov.).** Time shall be charged to this category by administrative officers of the county welfare department and other employees whose duties are of a general nature and whose working time cannot be segregated among individual programs.

**Extraneous Activities (Ex.).** Time shall be charged to this activity when it is spent on a category which is not a welfare program or which does not come under the jurisdiction of the county welfare department. If an employee regularly devotes a portion of his time to welfare duties and a portion to extraneous activity, such as work in the county auditor's or treasurer's office, and his salary is paid from the various budgets according to an arbitrarily fixed ratio, the maintenance of a time record by such an employee serves as a test of the ratio used and assists the county in appraising the method of apportionment. (See Sec. 645-20, Expenditures for Personal Services.)

**Other Combinations (O.C.).** Time shall be charged to this category by employees who work on a special combination of programs when the component programs are integrated in the work of the employee to the extent that it is not possible for him to segregate his time among individual programs. The employee charges his time under this caption, specifying the programs involved, such as Ag, Bl-el; Ag, CA-inel; Ag, GR, CA-el, etc.

A more detailed breakdown of any or all welfare programs may be made by a county if administratively desirable, but the foregoing segregation is the minimum necessary for proper claiming of Federal participation.

**Travel Time (Tr.).** Time charged here includes all time spent enroute to or from a destination in furtherance of official duties and does not include time spent at destination.

**Other Non-Allocable Time (NA).** This category includes such time as cannot be identified with any activity or program, such as time in attendance at a conference of a general nature where the employee does not actively participate on behalf of any particular program.

**Vacation.** Time shall be charged to this item during period of vacation granted in accordance with merit system rules and regulations as set forth in Chapter 070-00, Welfare Personnel Standards.

**Sick Leave.** Time shall be charged to this item during periods of sick leave granted in accordance with merit system rules and regulations as set forth in Chapter 070-00.

**Other Time Off.** Time shall be charged to this item when absence of employee is not chargeable to Vacation or Sick Leave and is due to holidays or other leave with pay granted in accordance with merit system rules and regulations as set forth in Chapter 070-00.

**Sec. 645-26 Expenditures for Commissaries W&IC SEC. 2506**

645-26

GR

Commissary costs shall be determined and handled as direct charges to this activity where readily determinable. They may be reported on the Administrative Expense Worksheets (Forms DFA 64 and 64A) under the caption "Commissary" or the OWP column may be used.

Joint expenditures applicable to the categorical aid programs only will be allocated as such.

Only expenditures for Salaries and Wages, Maintenance and Operations, and Capital Outlay by which all welfare programs and the commissary benefit, shall be treated as overall expenses. An example of the latter would be the salary of a county welfare director who is responsible for the operation of all welfare programs including the commissary.

**Sec. 645-30 Time Recording by Employees W&IC SECS. 1553, 2186, 3087**

645-30

OAS; ANB; ANC

Salaries and wages paid to employees of county welfare department are apportioned among the programs administered by the department in accordance with the ratio of gross man-hours worked on each program by each employee. The basis of this recording is the maintenance by employees of daily and/or monthly time records. Such time recording by employees is a continuous process and the allocation of time among programs is done individually by all persons whose daily work is identifiable with different programs. (See Sec. 646-70, Rules for Allocating Administrative Expense.)

The daily and monthly SDSW time recording forms (Forms DFA 42 and DFA 43) provide the necessary facilities for making such a segregation. Any county wishing to substitute a specially designed form to suit its particular needs shall submit the proposed form to the SDSW for approval.

Forms used in recording time are:

1. **Employee's Individual Daily Time Record (Form DFA 42).** Time is recorded on this form to the nearest five minutes and is totaled by programs at the end of each day for posting to the Monthly Time Record (Form DFA 43). All time worked during a day, including overtime, shall be recorded on Form DFA 42 by employees who work on more than one program and whose duties are such that their time is segregable by programs. Daily copies are submitted to employee's supervisor or time clerk at end of month (with Form DFA 43) for checking as to accuracy. Completed Forms DFA 42 shall be maintained on file in county office for the current and immediately preceding month. (See Form DFA 42 in Sec. 646-99, Administrative Expense Forms.)
2. **Employee's Monthly Time Record (Form DFA 43).** Time is recorded on this form to the nearest half hour by every county employee whose salary in whole or in part is paid from funds budgeted for the county welfare department and whose name appears on the pay roll of that department. Employees who work on one program only or whose duties are such that no segregation by program can be made of their time are not required to use Form DFA 42 and shall post their time directly to Form DFA 43. Employees who keep Form DFA 42 shall transfer their daily time totals to Form DFA 43, adjusting to the nearest half hour. After completion of Form DFA 43, it must be signed by the employee and countersigned by the employee's supervisor, who attests to the accuracy of the time record. Copies of Form DFA 43 shall be retained in the county files until authorization for their destruction has been secured from the SDSW. The data on Administrative Expense Work Sheet for Allocation of Expenditures Based on Results of Time Recording (Form DFA 64) are compiled from Form DFA 43. (See Secs. 646-70, Rules for Allocating Administrative Expense, and 646-80, Forms Used in Administrative Expense Claims.) (See Form DFA 43 in Sec. 646-99, Administrative Expense Forms.)

"Division" on Form DFA 42 and "Unit" on Form DFA 43 mean activity, e.g., Administrative, Social Service, Accounting, etc.

"Title" on Forms DFA 42 and DFA 43, respectively, means the employee's civil service or merit system classification.

## 645-80 Sec. 645-80 Expenditures for Eye Examinations W&amp;IC SECS. 1553, 2187, 3087

ANB

Participation may be claimed for cost of eye examination for aid to the blind. (See Secs. 235-00, Physician's Reports of Eye Examination, and 645-10, Expenditures for Purposes of Administration.)

Necessary expenses to county for transporting an applicant for or recipient of ANB to obtain the required eye examination (See Secs. 180-15, Determination of Degree of Blindness, and 180-50, Reexamination of Eyes to Determine Continued Eligibility) are administrative expenses, subject to Federal reimbursement provided:

1. The applicant or recipient is not financially able to meet such costs, and
2. There is no accessible ophthalmologist on the panel in the county and the person must be transported to another county or State, or
3. Transportation to another county or State is necessary for examination by an ophthalmologist who had not previously examined the person, or
4. The distance to the nearest accessible ophthalmologist in the county on the panel is great and transportation to his office is necessary, or
5. The blind person is bedfast and the cost of transportation of the ophthalmologist to the home of the blind person is incurred by the county, or
6. The blind person requires an attendant to accompany him to the ophthalmologist's office, thus incurring additional expense.

## 646-00 Sec. 646-00 Expenditures for Fixed Assets W&amp;IC SECS. 1553, 2187, 3087

OAS; ANB; ANC

Participation may be claimed for expenditures incurred for ordinary current administrative operations. Except where specific requests are approved in advance by SDSW, participation is not available for expenditures made for land, buildings, appurtenances thereto, or for major repairs and alterations.

If a county wishes to acquire its own land and buildings for the county welfare department, there may be participation in such expenditure, provided that such expenditure is approved in advance. The total cost of such land and building will not be shared during any one fiscal year but any reasonable amortization plan will be considered, or a quarterly or annual payment in lieu of rent.

## 646-10 Sec. 646-10 Expenditures for Repairs and Alterations W&amp;IC SECS. 1553, 2187, 3087

OAS; ANB; ANC

Whenever practicable, a lease should specify that repairs and alterations to premises privately owned will be borne by the lessor. Removable improvements, unless made at the lessor's expense, should remain the property of the county.

When the total expenditure for repairs and alterations to space and premises occupied by office of county welfare department does not exceed ten per cent of the annual rental of the office for any fiscal year (beginning July 1 and ending June 30), prior approval is not necessary even though such repairs and alterations are made during one quarterly period. When space for office is secured rent free, county welfare department should estimate the fair annual rental value of such premises and forward this estimate, with the factors considered in determining it, to SDSW. (See Sec. 646-20, Expenditures for Rent of County Offices.)

When cost of repairs and alterations of space in any premises occupied by office of county welfare department exceeds the limitation previously mentioned and the repairs and alterations are to be made at lessee's expense, Request for Approval of Expenditures for Repairs and Alterations (Form DFA 117) should be submitted in advance to the SDSW in quadruplicate. Information requested on Form DFA 117 should be completed with any supplementary data necessary to qualify the answers. (See Form DFA 117 in Sec. 646-99, Administrative Expense Forms.)

**Sec. 645-45 Salaries Paid During Periods of Leave or Other Absence** W&IC SECS. 1553, 2187, 3087 645-45  
**OAS; ANB; ANC**

Claim may be made for salaries paid employees of county welfare department during periods of leave with pay in accordance with merit system rules and regulations as set forth in Chapter 070-00, Welfare Personnel Standards. (See Sec. 645-40, Categories Under Which Time Is Recorded.)

**Sec. 645-50 Computing Less Than Full Monthly Salary** W&IC SECS. 1553, 2187, 3087 645-50  
**OAS; ANB; ANC**

When an employee works part-time, or is on pay roll less than a calendar month, whether or not this constitutes the entire period of his employment, his salary, unless on per diem or hourly basis, shall be based on the actual number of calendar days in the month, unless county rules and regulations provide otherwise. Reciprocal tables devised by SDSW may be used for salary computation. Briefly,  

$$\frac{\text{days on pay roll}}{\text{days in the month}} \times \text{monthly salary} = \text{salary or wage due.}$$

Example: An employee hired to begin work the morning of September 16, at the monthly salary of \$90 receives \$45, computable as follows:  $15/30 \times \$90 = \$45$ . Summary of County Employees Paid less than full time Monthly Salary (Form DFA 64B) is completed for the month of September for this employee.

**Sec. 645-70 Expenditures for Services of Other Agencies** W&IC SECS. 1553, 2187, 3087 645-70  
**OAS; ANB; ANC**

Participation may be claimed in amounts expended to cover expenses of other agencies incurred in performing services connected with the administration of public assistance upon a proper showing of any or all of the following conditions:

1. It is the general fiscal practice for an outside service agency performing services directly connected with public-assistance administration either (a) to receive its necessary administrative funds by a charge upon each agency based upon the service rendered, rather than by general appropriation, or (b) to receive a portion of its administrative funds by a charge upon each agency supported primarily by funds derived from sources other than general appropriation;
2. The services performed are a distinct and additional function of a type customarily performed as a function of the county welfare department and not a type performed as part of the regular service rendered by such outside agency to other agencies, and a unit of such outside agency performs the service as its sole function and operates as an integral part of the county welfare department;
3. Amounts were expended by a civil service agency for extra identifiable services relating to the establishment and maintenance of personnel standards on a merit basis for the county welfare department as required by rules and regulations of the merit system. They shall include only such special services as are rendered primarily for the county welfare department, and, under existing practice, would not be rendered as a regular service.

The expenditures shall be made from funds appropriated to, earmarked for, or allotted to and expendable by the county welfare department.

646-70 Sec. 646-70 Rules for Allocating Administrative Expense  
OAS; ANB; ANC

W&amp;IC SECS. 1553, 2186, 3087

In determining the proper program to be charged with an expenditure, consideration is given either to the program to which the benefits of the expenditure accrue or to the program necessitating the expense, whichever gives the most logical and equitable relationship between program and expense. All factors are considered and as much expense as possible identified with the individual program, thus insuring the soundest basis for apportionment of joint and over-all charges. Expenditures incurred on behalf of War Services should be charged in accordance with instructions outlined in the Financial Policies and Procedures Chapter of the War Services Handbook. The following rules govern the allocation of administrative expenses:

1. Salary of an employee working full time on a specific program is charged to that program.  
Example: A public assistance worker is assigned to the ANC-el program and works full time on that program. His salary would be charged directly to the ANC-el (CA-el) program.
2. Salary of employee working on two or more programs, excluding supervisors and assistants whose time cannot readily be allocated as direct charges, is apportioned to programs on the basis of the number of man-hours worked on each program, as shown by time reports maintained by the employee.  
Example: A clerk in the county office records 100 productive hours of work during a month, 75 hours on ANC-el and 25 hours on ANB-inel. Therefore, 75/100ths of the employee's salary for that month is charged to the ANC-el program and 25/100ths to the ANB-inel program.
3. Salary of employee who works on two or more but not all programs, whose time cannot be readily allocated and who is not included under 2, above, is apportioned as joint salary expense to the programs involved in the ratio that it bears to the total salary cost allocable to each program under 1 and 2, above.  
Example: A public assistance supervisor, Grade 1, supervises public assistance workers assigned to OAS, ANB-el and ANC-el. The portion of the supervisor's salary to be charged to the OAS program will bear the same ratio to her total salary as total salary cost allocated to the OAS program bears to the total salary costs allocated to the OAS, ANB-el and ANC-el programs.
4. Salary of employee performing duties where none of his working time, or a negligible portion thereof, is identifiable with specific programs, is apportioned as over-all expenses in the ratio that the total salary cost of each program bears to the total salary cost of all programs, as ascertained under 1, 2 and 3, above.  
Example: An accountant handles the accounting for all activities of the county welfare department. The portion of his salary charged to the OAS program bears the same ratio to his total salary that the total salary cost of the OAS program (excluding over-all salaries) bears to the total salary cost of all programs (excluding over-all salaries), etc.

The rate tables described in Sec. 627-40, Partial Month Claims, may be used in determining the amount of salary due an employee for periods of less than one month when such employee is not on per diem basis.

Expenditures for maintenance and operation or capital outlay are apportioned as follows:

5. When identifiable with a specific program, charge to that program.  
Example: The cost of a supply of GR (formerly IN) forms, for use in the county office, is charged directly to the GR program.
6. When not readily allocable and not included under 5, and applicable to two or more but not all programs, charge as joint expense in the ratio that the total salary cost of each program involved bears to the total salary cost of all programs involved.  
Example: A typewriter is purchased for use on OAS and GR (formerly IN) programs. The portion of the expenditure charged to the OAS program bears the same ratio to the total expenditure that the total of the salaries and wages allocated to the OAS program bears to the total of all salaries and wages of the OAS and GR programs, etc.
7. When not identifiable with specific programs, apportion as over-all expenses in the ratio that the total salary cost of each program bears to the total salary cost of all programs.  
Example: A typewriter is purchased for general use and no portion of the cost is, therefore, assignable to any specific program or activity. The portion of the expenditure charged to the OAS program bears the same ratio to the total expenditure that the total salary cost of the OAS program bears to the total salary cost of all programs, etc.

**Sec. 646-20 Expenditures for Rent of County Offices** W&IC SECS. 1553, 2187, 3087  
OAS; ANB; ANC

646-20

In general county welfare department may claim for rent of its offices where an actual expenditure has been made from funds appropriated to, earmarked for, or allotted to and expendable by the county welfare department. When county welfare department secures its office space rent free, a charge for rent shall not be included in its administrative expense claim.

Funds for administrative expense are available for rent paid under the following specific circumstances:

1. County welfare department makes a payment for space occupied directly to the lessor or his agent;
2. Space is rented by the county and all or part of such space is occupied by the county welfare department;
3. A building is owned by the county and all or part of such building is occupied by the county welfare department, if a charge is actually made for the space occupied and if it is the general fiscal practice for county to charge rental to all county agencies occupying similar premises.

**Sec. 646-30 Expenditures for Taxes** W&IC SECS. 1553, 2187, 3087  
OAS; ANB; ANC

646-30

Under the provisions of the Federal Revenue Code of 1939, county agencies administering public assistance are not required to pay Federal taxes on telephone, telegram, cable and radio messages, electrical energy, automobiles, tires, inner tubes, gasoline, motor oil and automobile parts. Therefore, funds granted for administrative expense may not be used to pay such taxes or to match county funds so expended.

Claim shall not be made for gallonage taxes paid on gasoline or motor oil purchased by county welfare department or for any State and local taxes other than State sales tax paid by county welfare department. Such taxes shall be paid from funds other than those used as county's participation in shared expenses of public assistance administration. (See Sec. 646-80, Forms Used in Administrative Expense Claims, for instructions regarding recording of this information.) This restriction does not apply to participation in reimbursement to county welfare department employees to the full extent of expenses for travel or subsistence even though State and local taxes are included in such expenses.

**Sec. 646-50 Reporting of Cost of Administration** W&IC SECS. 1553, 2187, 3087  
OAS; ANB; ANC

646-50

Reporting of administrative expenditures should be effected by the cash flow method; that is, upon the basis of bills paid during the month irrespective of the month to which the particular expense is applicable. Reporting of expenditures based upon budget encumbrance or obligations incurred is not preferred for the purpose of claiming reimbursement in the public assistance programs inasmuch as these systems do not show actual expenditures.

When a county makes a change from one basis to another in the reporting of its expenditures, there shall be no duplication in the claims for matching any item of expense.

**Sec. 646-60 Abatements from Self-Supporting Activities** W&IC SECS. 1553, 2187, 3087  
OAS; ANB; ANC

646-60

When a county claims for costs of administration of any activity which is either wholly or partially self-supporting, revenue received from the activity shall be reported to the SDSW as an abatement of expenses applicable to such activity. Any form of abatement, such as rebates, refunds, merchandise returns, etc., shall be reported in the following manner:

The county reports the total amount of the payment to be applied to each month and the programs to be credited, the SDSW makes allocation of costs and adjusts the net amounts on administrative claims for the current month.

3. **Summary of County Employees Paid Less Than Full Time Monthly Salary** (Form DFA 64B), shall be submitted in triplicate. This form provides for listing all persons employed for less than one full month and shows the dates employed, the total number of days paid, the regular rate for one full month's employment and the amount of warrant issued. When no employees listed on Form DFA 64 were paid for less than one full month, it is not necessary to submit Form DFA 64B. (See Sec. 645-50, Computing Less Than Full Monthly Salary.) (See Form DFA 64B in Sec. 646-99, Administrative Expense Forms.)

4. **Administrative Expense Worksheets—Maintenance and Operation and Capital Outlay** (Form DFA 64A), shall be submitted in triplicate. This form shows allocation of such expenditures based on results of time recording. (See Form DFA 64A in Sec. 646-99.)

Column 2, Object of Expenditure, shall contain a breakdown of all expenditures listed in county welfare department ledgers and budgets. The individual headings shall be used when further itemized accounts are kept by the county welfare department.

Column 3, Gross Total Expenditures, enter total cost of all items, including taxes, in this column.

Column 4, Less Extraneous Expenditures, enter amount of taxes, other than State sales tax or expenditures for use of other than the county welfare department, in this column.

Column 5, Total Allocable Expenditures, enter net cost of items. This will be the remainder of gross cost (column 3) less extraneous expenditures (column 4).

Alternate Administrative Expense Worksheets (Forms DFA 64 Alternate and 64A Alternate) are provided to facilitate the segregation of programs in those counties where there are diversified activities involving other welfare programs.

The alternate worksheets (Forms DFA 64 Alternate and 64A Alternate) include two pages each; page two provides, in addition to a column for GR, columns for Commissary, CWS, etc. Six additional columns are provided for the insertion of other programs or projects upon which welfare employee time or funds have been expended such as Civilian War Assistance and Enemy Alien Assistance.

Combinations of joint expenditures shall be itemized, by inserting column numbers of programs concerned, in columns provided on alternate Administrative Expense Worksheets (Column 22 of Form DFA 64 Alternate, and Column 21 of Form DFA 64A Alternate.) Joint and Over-all expenditures shall be distributed to the programs in accordance with Sec. 646-70, Rules for Allocating Administrative Expense.

Care shall be exercised to follow line numbers on the Administrative Expense Worksheets in extending total allocable expenditures on Page 1 to the columns on Page 2.

Claims for administrative expense shall be submitted immediately after close of each month. A separate claim shall be submitted for each calendar month. (See Secs. 601-00, Quarterly Estimates of Expenditures for Aid and Administration, 601-10, Quarterly Adjustment of Funds, 628-10, State Audit of Aid Claims, and 628-20, Aid Claim Correction.)

**Sec. 646-80 Forms Used in Administrative Expense Claims** W&IC SECS. 1553, 2187, 3087  
OAS; ANB; ANC

646-80

Monthly administrative expense claims consist of the following forms:

1. **Administrative Expense Affidavit** (Forms Ag, Bl, CA 807), on which county officers attest to the amount of participation due for administrative expenses, shall be submitted in duplicate. (See Forms Ag, Bl, CA 807, in Sec. 646-99, Administrative Expense Forms.)

Separate supplemental aged Administrative Affidavits are not required. Claim for additional reimbursement of administrative expense for Federal supplemental OAS shall be included as a separate item on the Form Ag 807.

Items 1, 2, and 3 on Form Ag 807 cover the current month and do not include supplemental claims;

Item 4 on Form Ag 807 provides for the insertion of the Additional Amount Due from Federal Funds for Administrative Expense for OAS assistance covering prior months, which has been listed in column B and totaled in Item 10 on the current Aged Aid Affidavit, Form Ag 800;

Item 5 on Form Ag 807, Total Amount Due from Federal Funds for Administrative Expense for OAS, is the combined total of the claim for reimbursement of expenditures covering the current month (Item 3), and the total claim for additional reimbursement for supplemental assistance listed on current Form Ag 800 (Item 4).

2. **Administrative Expense Worksheet—Salaries and Wages** (Form DFA 64), shall be submitted in triplicate. This form shows allocation of expenditures based on Monthly Time Record (Form DFA 43), for salaries and wages paid full and/or part time employees. (See Form DFA 64 in Sec. 646-99, Administrative Expense Forms.)

Column 2, Name and Classification Title of Each Employee, list the name as it appears on county pay roll records and the abbreviated classification title of each employee. Abbreviations used shall be those showing Glossary—Merit System Classification Abbreviations.

Column 3, Month Covered, show the month for which each expenditure is applicable.

Column 4, Gross Total Expenditures, and Column 6, Total Allocable Expenditures, list actual compensation received as salary or wage. Do not include monies received for travel or other expenses.

## FORM DFA 64

FORWARD THREE COPIES TO THE  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO, CALIFORNIA

COUNTY OF XX  
MONTH OF AUGUST, 1943

FORM DFA 64 (REVISED) — APRIL, 1942  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
(TO ACCOMPANY ADMINISTRATIVE EXPENSE AFFIDAVITS)

ADMINISTRATIVE EXPENSE WORKSHEET FOR ALLOCATION  
OF EXPENDITURES BASED ON RESULTS OF TIME RECORDINGFOR SALARIES AND WAGES ONLY

- (A) IF PERIOD COVERED IS LESS THAN FULL MONTH, FORM DFA-64B SHOULD ALSO BE COMPLETED AND ATTACHED.  
(B) SPECIFY JOINT COMBINATIONS AND AMOUNTS IN COLUMN 15.

WARRANT DATE	NAME AND CLASSIFICATION TITLE OF EACH EMPLOYEE (SEE REVERSE SIDE FOR INSTRUCTIONS)	PERIOD COVERED (SALARIES & WAGES ONLY) (A)	GROSS TOTAL EXPENDITURES	LESS EXTRA- NECESSARY EX- PENDITURES	TOTAL ALLOCABLE EXPENDITURES	OLD AGE SECURITY	AID TO NEEDY BLIND		AID TO NEEDY CHILDREN		INDIGENT	OTHER WELFARE PROGRAMS	JOINT EXPENDITURES (B)	OVER-ALL EXPENDITURES			
							ELIGIBLE	INELIGIBLE	ELIGIBLE	INELIGIBLE							
9/1/43	1500 MORGAN, FRANCIS	CMD III	\$ 225.00	\$10.00	\$ 215.00	\$	\$	\$	\$	\$	\$	\$	\$ (7 THRU 11) 175.00	\$215.00			
" 1 BONNER, BERTHA	PAS I	"	175.00		175.00												
" 2 SCOTT, JOHN	PAH II	"	150.00	10.00	140.00	74.50	6.00	1.00	18.65	9.50	4.50	5.35					
" 3 WILLIAMS, IRENE	PAH I	"	115.16		115.16												
" 4 SIMMONS, SUEIE	PAH I	"	110.00		110.00												
" 5 CLARK, DELLA	CASH RECPT	"	160.00		160.00												
" 6 DAVIS, NANCY	RECPT	"	110.00		110.00												
" 7 MILLER, MARJORIE	Sr ST CLK	"	120.00		120.00												
" 8 DOLAN, PERRY	Sr BK CLK	"	110.00		110.00												
" 9 AKERS, ELOIE	Jn CLK	"	90.32		90.32												
" 10 COLE, EDNA	Jr Typ CLK	"	74.51		74.51												
" 11 HORTON, THOMAS	Jn CLK	"	110.00		110.00												
" 12 MARTIN, HARRY	TRUCK DRIVER	"	100.00	15.00	85.00												
" 13 MURPHY, HELEN	Jr Soc Wkr	"	120.00	5.00	115.00												
TOTAL DIRECT AND ALLOCATED SALARIES & WAGES (EXCLUDING JOINT AND OVER-ALL)			1,779.99	40.00	1,739.99	325.66	26.00	3.90	86.19	49.86	245.47	280.73	138.74	533.44			
ALLOCATION OF JOINT SALARIES & WAGES						115.93	9.25	1.39	30.68	17.75			- 175.00				
TOTAL DIRECT, ALLOCATED & JOINT SALARIES & WAGES (EXCLUDING OVER-ALL)						4.01	.32		1.06	.61			- 6.00				
ALLOCATION OF OVER-ALL SALARIES & WAGES									1.75	.4.01	4.98		- 7.74				
TOTAL OF ALL SALARIES & WAGES						1,779.99	40.00	1,739.99	115.60	35.57	5.29	119.38	69.23	250.45	280.73		
									197.01	15.73	2.34	52.91	30.61	110.73	124.11	- 533.44	
										642.61	51.30	7.63	172.59	99.84	361.18	404.34	

## INSTRUCTIONS

THE NAME OF EACH EMPLOYEE AS SHOWN ON FORM DFA 64 & DFA 64-B SHOULD CORRESPOND WITH THE NAME AS SHOWN ON THE COUNTY PAYROLL RECORDS.

THE STATE DEPARTMENT OF SOCIAL WELFARE MUST BE NOTIFIED OF CHANGES OF NAME DUE TO MARRIAGE, DIVORCE, ETC.

TO CONSERVE TIME, THE FOLLOWING ABBREVIATIONS FOR CLASSIFICATION TITLES SHOULD BE USED.

CHD I,II,III,IV OR V	COUNTY WELFARE DIRECTOR
PAS I,II, OR III	PUBLIC ASSISTANCE SUPERVISOR
PAH I OR II	PUBLIC ASSISTANCE WORKER
CASH RECPT	CHILD WELFARE SERVICES WORKER
PR & RES INV	PROPERTY & RESOURCES INVESTIGATOR
JR CLK	JUNIOR CLERK
SR CLK	SENIOR CLERK
CHIEF CLK	CHIEF CLERK
JF TYP CLK	JUNIOR TYPIST CLERK
SP TYP CLK	SENIOR TYPIST CLERK
JR ST CLK	JUNIOR STENO
SR ST CLK	SENIOR STENO
JR BK CLK	UNIOR BOOKKEEPER CLERK
SR BK CLK	SENIOR BOOKKEEPER CLERK
CHIEF BK CLK	CHIEF BOOKKEEPER CLERK
AD & GR DP REGT	ADDRESSOGRAPHY AND GRAPHOTYPE OPERATOR RECEPTIONIST

## Sec. 646-99 Administrative Expense Forms

646-99

<p align="center"><b>FORM DFA 42 (Revised)—August, 1942</b>  <b>STATE OF CALIFORNIA</b>  <b>DEPARTMENT OF SOCIAL WELFARE</b>  <b>County Employee's Individual</b>  <b>Daily Time Record</b></p> <p align="center"><b>STATE OF CALIFORNIA</b>  <b>COUNTY XX</b>  <b>Employee's Individual Daily Time Record</b></p> <p>Name <u>Suzie Simmons</u> Division <u>Public Assistance</u>  Title <u>PA-WT</u> Date <u>August 13, 1947</u>  (Read instructions carefully before filling out this form)</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2">WORK PERFORMED PROGRAM<sup>1</sup></th> <th colspan="2">TIME WORKED<sup>2</sup></th> <th rowspan="2">ELAPSED TIME (Difference Between Columns 2 and 3)</th> <th rowspan="2">REMARKS (5)</th> </tr> <tr> <th>COMMENCED (2)</th> <th>FINISHED (3)</th> </tr> </thead> <tbody> <tr> <td>In</td> <td>9.00</td> <td>9.30</td> <td>30</td> <td>Interview</td> </tr> <tr> <td>Ca-Inel</td> <td>9.30</td> <td>10.00</td> <td>30</td> <td>Dictation</td> </tr> <tr> <td>Ov</td> <td>10.00</td> <td>12.00</td> <td>120</td> <td>Manual review</td> </tr> <tr> <td>Ag</td> <td>1.00</td> <td>1.50</td> <td>50</td> <td>Case reviews</td> </tr> <tr> <td>Bl-Inel</td> <td>1.50</td> <td>2.00</td> <td>10</td> <td>Telephone call</td> </tr> <tr> <td>Ca-El</td> <td>2.00</td> <td>3.30</td> <td>90</td> <td>Case reviews</td> </tr> <tr> <td>Bl-El</td> <td>3.30</td> <td>4.00</td> <td>30</td> <td>Case reviews</td> </tr> <tr> <td>Ol-Inel</td> <td>4.00</td> <td>4.20</td> <td>20</td> <td>Dictation telephone calls</td> </tr> <tr> <td>Indigent</td> <td>4.20</td> <td>4.30</td> <td>10</td> <td>Telephone call-Commissionary</td> </tr> <tr> <td>Ov</td> <td>4.30</td> <td>5.00</td> <td>30</td> <td>Receiving receptionist (7 hours) in the office</td> </tr> <tr> <td></td> <td></td> <td></td> <td>420</td> <td></td> </tr> <tr> <td colspan="5"><i>Recap</i></td> </tr> <tr> <td>Aged</td> <td>1 hr</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bl-El</td> <td>1/2 "</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bl-Inel</td> <td>1/2 "</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ca-El</td> <td>1/2 "</td> <td></td> <td></td> <td>Transferred to Form 770-43</td> </tr> <tr> <td>Ca-Inel</td> <td>1/2 "</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Indigent</td> <td>1/2 "</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Over-all</td> <td>2 1/2 "</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>7 hrs</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><sup>1</sup> Use the following abbreviations for programs: Ag (Old Age Security); Bl-El (Aid to Needy Blind—Eligible to Federal Participation); Bl-Inel (Aid to Needy Blind—Ineligible to Federal Participation); Ca-El (Aid to Needy Children Eligible to Federal Participation); CA-Inel (Aid to Needy Children-Ineligible to Federal Participation); In (Indigent Aid); OWP (Other Welfare Programs); Ex (Extraneous); Ov (Over-All); OC (Other Combination-Joint); NA (Non-Allocable); Ts (Travel).</p> <p><sup>2</sup> Record time to nearest five minutes.</p>	WORK PERFORMED PROGRAM <sup>1</sup>	TIME WORKED <sup>2</sup>		ELAPSED TIME (Difference Between Columns 2 and 3)	REMARKS (5)	COMMENCED (2)	FINISHED (3)	In	9.00	9.30	30	Interview	Ca-Inel	9.30	10.00	30	Dictation	Ov	10.00	12.00	120	Manual review	Ag	1.00	1.50	50	Case reviews	Bl-Inel	1.50	2.00	10	Telephone call	Ca-El	2.00	3.30	90	Case reviews	Bl-El	3.30	4.00	30	Case reviews	Ol-Inel	4.00	4.20	20	Dictation telephone calls	Indigent	4.20	4.30	10	Telephone call-Commissionary	Ov	4.30	5.00	30	Receiving receptionist (7 hours) in the office				420		<i>Recap</i>					Aged	1 hr				Bl-El	1/2 "				Bl-Inel	1/2 "				Ca-El	1/2 "			Transferred to Form 770-43	Ca-Inel	1/2 "				Indigent	1/2 "				Over-all	2 1/2 "					7 hrs				<p align="right"><b>FORM DFA 42</b></p> <p align="center"><b>COUNTY EMPLOYEE'S MONTHLY TIME RECORD</b></p> <p align="right">COUNTY OF XX FORM DFA 43</p> <p>I HEREBY CERTIFY THAT this is a true and accurate report of my time record as indicated.  (SIGNATURE OF EMPLOYER) <u>Suzie Simmons</u></p> <p>Certificate of Supervisor  I HEREBY CERTIFY The employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct.  (SIGNATURE OF SUPERVISOR) <u>Bertha Bonner</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">I. Program</th> <th rowspan="2">1</th> <th rowspan="2">2</th> <th rowspan="2">3</th> <th rowspan="2">4</th> <th rowspan="2">5</th> <th rowspan="2">6</th> <th rowspan="2">7</th> <th rowspan="2">8</th> <th rowspan="2">9</th> <th rowspan="2">10</th> <th rowspan="2">11</th> <th rowspan="2">12</th> <th rowspan="2">13</th> <th rowspan="2">14</th> <th rowspan="2">15</th> <th rowspan="2">16</th> <th rowspan="2">17</th> <th rowspan="2">18</th> <th rowspan="2">19</th> <th rowspan="2">20</th> <th rowspan="2">21</th> <th rowspan="2">22</th> <th rowspan="2">23</th> <th rowspan="2">24</th> <th rowspan="2">25</th> <th rowspan="2">26</th> <th rowspan="2">27</th> <th rowspan="2">28</th> <th rowspan="2">29</th> <th rowspan="2">30</th> <th rowspan="2">31</th> <th colspan="2">For the month of</th> </tr> <tr> <th colspan="2">Name <u>Suzie Simmons</u></th> <th colspan="2">Division <u>Public Assistance</u> Location <u>District one</u></th> </tr> <tr> <th>Title <u>PA-WT</u></th> <th>Monthly salary <u>\$110.00</u></th> <th>(Salaries only—Do not include travel or other expense)</th> <th>(Salaries only—Do not include travel or other expense)</th> <th colspan="2">August, 1947</th> </tr> </thead> <tbody> <tr> <td>(A) Aged aid</td> <td>2</td> <td>3</td> <td>1</td> <td>3</td> <td>1</td> <td>2</td> <td>3</td> <td>1</td> <td>2</td> <td>4</td> <td>5</td> <td>2</td> <td>1</td> <td>2</td> <td>2</td> <td>1/2</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>44</td> <td>29.3</td> <td>32.23</td> </tr> <tr> <td>(B) Blind aid—eligible</td> <td>1</td> <td></td> <td>3</td> <td>1/2</td> <td></td> <td>1</td> <td>2</td> <td>1/2</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>14</td> <td>9.3</td> <td>10.23</td> </tr> <tr> <td>(C) Blind aid—ineligible</td> <td></td> <td></td> <td></td> <td>1/2</td> <td></td> <td></td> <td></td> <td>1/2</td> <td></td> <td>3</td> <td>2.</td> <td>2.20</td> </tr> <tr> <td>(D) Children's aid—eligible</td> <td>1</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>1</td> <td></td> <td>1/2</td> <td></td> <td>2</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>1/2</td> <td>1</td> <td>2</td> <td>27</td> <td>18</td> <td>19.40</td> </tr> <tr> <td>(E) Children's aid—ineligible</td> <td>1/2</td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td>1/2</td> <td></td> <td>1</td> <td></td> <td>5 1/2</td> <td>3.6</td> <td>3.96</td> </tr> <tr> <td>(F) Indigent aid (GR)</td> <td>1</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>1</td> <td>1/2</td> <td></td> <td>3/2</td> <td>3</td> <td></td> <td>2</td> <td>1/2</td> <td>2</td> <td>2</td> <td>1/2</td> <td>1</td> <td>2</td> <td>4</td> <td>27</td> <td>18</td> <td>19.80</td> </tr> <tr> <td>(G) Other welfare programs</td> <td></td> <td>1</td> <td>8</td> <td>5.4</td> <td>5.94</td> </tr> <tr> <td>(H) Over-all salary expense</td> <td>1/2</td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td>3</td> <td>1</td> <td>1/2</td> <td>2 1/2</td> <td></td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>13 1/2</td> <td>9.</td> <td>9.90</td> </tr> <tr> <td>(I) Extraneous activities</td> <td></td> </tr> <tr> <td>* (J) Other such combinations not directly applicable above (specify):</td> <td></td> </tr> <tr> <td>Ag, Bl-El, Ca-El, Ca-Inel</td> <td></td> <td>1</td> <td></td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>1</td> <td></td> <td>1</td> <td></td> <td>1</td> <td></td> <td>1</td> <td></td> <td>1</td> <td>1</td> <td>8</td> <td>5.4</td> <td>5.94</td> <td></td> </tr> <tr> <td>II. Total allocable time</td> <td>-</td> <td>7</td> <td>5</td> <td>7</td> <td>7</td> <td>7</td> <td>-</td> <td>7</td> <td>7</td> <td>-</td> <td>7</td> <td>3</td> <td>-</td> <td>7</td> <td>7</td> <td>7</td> <td>7</td> <td>3</td> <td>-</td> <td>7</td> <td>3</td> <td>7</td> <td>7</td> <td>3</td> <td>-</td> <td>7</td> <td>7</td> <td>150</td> <td>100%</td> <td>\$ 110.00</td> </tr> <tr> <td>III. Travel time</td> <td></td> <td></td> <td>2</td> <td></td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>IV. Other non-allocable time (Conferences, etc.)</td> <td></td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>V. Vacation (Days / )</td> <td></td> <td>3</td> <td></td> <td>7</td> <td></td> <td></td> </tr> <tr> <td>VI. Sick leave (Days / )</td> <td></td> <td>7</td> <td></td> <td>7</td> <td></td> <td></td> </tr> <tr> <td>VII. Other time off (Days / )</td> <td></td> <td>4</td> <td>7</td> <td></td> <td>4</td> <td>7</td> <td>51</td> </tr> <tr> <td>VIII. Total time (Items II-III-IV-V-VI-VII)</td> <td>7</td> <td>217</td> </tr> </tbody> </table> <p>In order to find percentage of time by programs and the salary cost applicable to each program either of two methods may be followed:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Method 1 Total Hours (for each program) = <math>\frac{1}{100}</math> Percentage of Allocable Time Total Hours Allocable Time = <math>\frac{1}{100}</math> Devoted to Each Program</td> <td style="width: 50%;">Method 2 Total Hours (for each program) × Monthly Salary = Salary Cost (for each program) Total Hours Allocable Time Earned</td> </tr> <tr> <td>Per Cent Time for Each Program × Monthly Salary Earned = <math>\frac{1}{100}</math> Salary Cost (for each program)</td> <td>Verified by <u>E. Afara</u> Posted by <u>P. Dolan</u></td> </tr> </table> <p>*All such combinations must be keyed so that proper distribution between programs may be made. (For example: Ag, Bl-El; Ag, OWP, CA-Inel; CA-El, Bl-El.)  Record time on this form to nearest half-hour as summarized from Daily Time Records, Form DPA-42</p>	I. Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	For the month of		Name <u>Suzie Simmons</u>		Division <u>Public Assistance</u> Location <u>District one</u>		Title <u>PA-WT</u>	Monthly salary <u>\$110.00</u>	(Salaries only—Do not include travel or other expense)	(Salaries only—Do not include travel or other expense)	August, 1947		(A) Aged aid	2	3	1	3	1	2	3	1	2	4	5	2	1	2	2	1/2	2	1	1	1	1	1	44	29.3	32.23	(B) Blind aid—eligible	1		3	1/2		1	2	1/2	1									2	1	1	1	1	14	9.3	10.23	(C) Blind aid—ineligible				1/2				1/2															3	2.	2.20	(D) Children's aid—eligible	1	5					1	1		1/2		2	2	1	1	1	2	2	1/2	1	2	27	18	19.40	(E) Children's aid—ineligible	1/2		1	2					1/2		1											5 1/2	3.6	3.96	(F) Indigent aid (GR)	1	8					1	1	1/2		3/2	3		2	1/2	2	2	1/2	1	2	4	27	18	19.80	(G) Other welfare programs																						1	8	5.4	5.94	(H) Over-all salary expense	1/2		1				3	1	1/2	2 1/2		2	1	1	1	1	1	1	1	1	1	13 1/2	9.	9.90	(I) Extraneous activities																										* (J) Other such combinations not directly applicable above (specify):																										Ag, Bl-El, Ca-El, Ca-Inel		1		1	1						1	1		1		1		1		1	1	8	5.4	5.94		II. Total allocable time	-	7	5	7	7	7	-	7	7	-	7	3	-	7	7	7	7	3	-	7	3	7	7	3	-	7	7	150	100%	\$ 110.00	III. Travel time			2																											2			IV. Other non-allocable time (Conferences, etc.)																														-			V. Vacation (Days / )												3																		7			VI. Sick leave (Days / )												7																		7			VII. Other time off (Days / )												4	7																4	7	51	VIII. Total time (Items II-III-IV-V-VI-VII)	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	217	Method 1 Total Hours (for each program) = $\frac{1}{100}$ Percentage of Allocable Time Total Hours Allocable Time = $\frac{1}{100}$ Devoted to Each Program	Method 2 Total Hours (for each program) × Monthly Salary = Salary Cost (for each program) Total Hours Allocable Time Earned	Per Cent Time for Each Program × Monthly Salary Earned = $\frac{1}{100}$ Salary Cost (for each program)	Verified by <u>E. Afara</u> Posted by <u>P. Dolan</u>
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VIII. Total time (Items II-III-IV-V-VI-VII)	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	217																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
Method 1 Total Hours (for each program) = $\frac{1}{100}$ Percentage of Allocable Time Total Hours Allocable Time = $\frac{1}{100}$ Devoted to Each Program	Method 2 Total Hours (for each program) × Monthly Salary = Salary Cost (for each program) Total Hours Allocable Time Earned																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Per Cent Time for Each Program × Monthly Salary Earned = $\frac{1}{100}$ Salary Cost (for each program)	Verified by <u>E. Afara</u> Posted by <u>P. Dolan</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							

**FORM DFA 64 ALTERNATE**

FORM DFA 64 ALTERNATE (continued)

ADMINISTRATIVE EXPENSE WORKSHEET FOR ALLOCATION OF EXPENDITURES BASED ON RESULTS OF TIME RECORDING (CONTINUED)												DEPARTMENT OF SOCIAL WELFARE FORWARD THREE COPIES TO THE STATE DEPARTMENT OF SOCIAL WELFARE SACRAMENTO, CALIFORNIA		
FOR SALARIES AND WAGES ONLY												PART I		
												MONTH OF	XX	AUGUST
12	13	14	15	16	17	18	19	20	21	22	23	OVER-ALL EXPENDITURES		
INDIGENT	COMMISSARY	CHILD WELFARE SERVICES	CIVILIAN WAR ASSISTANCE	ENEMY ALIENS AND OTHERS	WOOD PROJECT				JOINT EXPENDITURES (AMOUNTS) IN COL. 21 (A)	PROGRAM COMBINATIONS FOR AMOUNTS IN COL. 21 (A)				
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	\$ 4.50 20.00  10.00 9.00 16.97 70.00 115.00  245.47  110.56  110.56 110.73 110.73 561.18	\$  128.00  110.00  110.56  128.00  128.00 56.59 184.59	\$ 3.49 2.56  2.50 1.15 70.15  5.79 5.51 5.79 5.21 5.55 8.55 5.06 87.80	\$ 6.00  6.00 1.32 4.55 15.00  32.87  32.87 32.87 14.55 87.80	\$  6.00  7.76 10.11 12  186.74 -175.00 - 6.00 - 7.74	\$ 175.00  6.00 7, 8, 10 and 11 10.00  7.76 10, 11, 12 110.00 159.44 20.00  186.74 -175.00 - 6.00 - 7.74	\$ 215.00  10.00 110.00 159.44 20.00  555.44  555.44  555.44							

FORM DFA 64A

Form DFA 64A, Revised (Effective July 1, 1941)  
State of California  
Department of Social Welfare  
(To Accompany Administrative Expense Affidavits)

ADMINISTRATIVE EXPENSE WORKSHEET FOR ALLOCATION  
OF EXPENDITURES BASED ON RESULTS OF TIME RECORDING  
FOR MAINTENANCE AND OPERATION AND CAPITAL OUTLAY

Forward THREE Copies to the  
STATE DEPARTMENT OF SOCIAL WELFARE  
Sacramento, California

COUNTY OF \_\_\_\_\_ XX

MONTH OF August 1943

A) Specify Joint Combinations and Amounts in Column 13.

Grand Total All Salaries and Wages Carried Forward From Form DFA 6a		\$ 1779.99	\$ 40.00	\$ 1733.99	\$ 402.61	\$ 51.30	\$ 7.55	\$ 172.59	\$ 99.84	\$ 361.18	\$ 404.84					
1 Warrant	2 OBJECT OF EXPENDITURE	3 Gross Total Expenditures	4 Lesser Extraneous Expenditures	5 Total Allocable Expenditures	6 Old Age Security	7 Eligible	8 Ineligible	9 Aid to Needy Blind	10 Eligible	11 Ineligible	12 Aid to Needy Children	13 Indigent	14 Other Welfare Programs	A) Joint Expenditures	Over-all Expenditures	
Date	Number															
9/1/43	1825	Stationery and Supplies	Bureau Purchases - Filed Forms	1.20	1.20											
"	26		Jones Stationery Co. - Misc. supplies	.40	.40											
"	27		Grant Elec. Co. - globes, commissary	.57	.57											
"	28		Sears, Roebuck Co. - Auto Supplies	3.35	3.35											
"	29	Travel	Pac.Tele. Telco. - Telephone	12.00	12.00											
"	30		Western Union - telegram	1.50	1.50											
"	31	Travel	Williams, Irene - mileage	7.20	7.20											
"	32		Clark, Delores - mileage	2.50	2.50											
"	33		Morgan, Francis - hotel, meals	15.00	15.00											
"	34	Rent	Jones & Co. Real Estate - Rent	50.00	50.00											
"	35	Automobile Service & Repairs	Ford Motor Co. - car repair, Ford Cpe.	1.25	1.25											
"	36		Maxwell Auto Co. - repair truck	2.50	2.50											
"	37	Examinations - Blind Aid	Dr. H. M. Miller - eye examination	5.00	5.00											
		Total MAO (before All. of Joint-Overall Exp.)		106.97	106.97	9.10	5.30									
		Allocation of Joint MAO				1.06	.09	.01	.28	.16	.55	7.67	1.60	77.75		
		Allocation of Over-all MAO				28.71	2.29	.54	7.71	4.46	16.14	18.10	-1.60			
		Total MAO (after All. of Joint & Over-all exp.)		106.97	106.97	39.37	7.38	.35	7.79	4.62	21.99	25.77			-77.75	
9/1/43	1838	CAPITAL OUTLAY														
		Montgomery Ward Co. - oil heater				14.15	14.15									14.15
		Total CO before allocation				14.15										14.15
		Allocations of over-all CO					5.23	.42	.56	1.30	.81	2.76	3.20			-14.15
		Total CO (after allocation)				14.16	5.23	.42	.56	1.30	.81	2.76	3.20			
		GRAND TOTAL OF SAW, MAO, CO Chargeable to each program		1301.12	40.00	1861.12	686.71	59.10	8.04	181.98	105.27	386.11	435.91			

FORM DFA 64B

Form DFA 64-B, April, 1942  
State of California  
Department of Social Welfare  
(To Accompany Forms DFA 64 and DFA 64-A)

SUMMARY OF COUNTY EMPLOYEES PAID LESS THAN FULL TIME, MONTHLY SALARY

Forward THREE Copies to the  
State Department of Social Welfare  
Sacramento, California

COUNTY OF XX  
MONTH OF August 1943

1		2		3		4		5		6		7	
WARRANT		Name and Classification Title of Each Employee (See Reverse Side of Form DFA-64)		Dates Employed		Total No. Days Paid		Rate For Full Month		Amount of warrant		REMARKS	
Date	Number			From	Through								
9/1/43	1505	Williams, Irene	PAM I	8/1/43 8/16/43	8/15/43 8/31/43	15 days 16 "	110.00 120.00			115.16		Salary increase, effective 8/16/43	
"	1509	Akers, Elsie	Jr CLK	8/4/43	8/31/43	28 "	100.00			90.32		New employee, appointment effective 8/4/43	
"	1510	Cole, Edna	Jr Typist CLK	8/11/43	8/31/43	21 "	110.00			74.51		Leave of Absence expired 8/10/43	

## FORM AG 807

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE  
FORWARD TWO COPIES TO  
SACRAMENTO, CALIFORNIADO NOT WRITE IN  
THIS SPACE

## ADMINISTRATIVE EXPENSE AFFIDAVIT

FROM XX COUNTY

FOR AGED PERSONS ELIGIBLE UNDER THE OLD AGE SECURITY LAW

MONTH OF AUGUST, 1943 FISCAL YEAR  
(FOR STATE USE ONLY)

## AMOUNT DUE FROM FEDERAL FUNDS FOR ADMINISTRATION OF AID TO NEEDY AGED

	CORRECTED AMOUNTS (STATE USE ONLY)
1. TOTAL AMOUNT DUE FROM FEDERAL FUNDS FOR AID, (BASIS FOR ADMINISTRATIVE EXPENSE CLAIM) (SAME AS ITEM 10, COLUMN A ON AGED AID AFFIDAVIT, FORM AG 800). . . . .	\$ <u>11,310.00</u>
2. TOTAL AMOUNT PAID BY COUNTY FOR ADMINISTRATION OF OLD AGE SECURITY. (TOTAL COL. 6, FORM DFA 64A). . . . .	\$ <u>686.71</u>
3. AMOUNT DUE FROM FEDERAL FUNDS FOR ADMINISTRATIVE EXPENSE FOR OLD AGE SECURITY FOR CURRENT MONTH ( $\frac{3}{4}$ OF ITEM 1) (MUST NOT EXCEED ITEM 2). . . . .	\$ <u>354.30</u>
4. ADDITIONAL AMOUNT DUE FROM FEDERAL FUNDS FOR ADMINISTRATIVE EXPENSE FOR SUPPLEMENTAL ASSISTANCE FOR OLD AGE SECURITY LISTED ON CURRENT AGED AID AFFIDAVIT, (SAME AS ITEM 10, COLUMN B, FORM AG 800) . . . . .	\$ <u>.63</u>
5. TOTAL AMOUNT DUE FROM FEDERAL FUNDS FOR ADMINISTRATIVE EXPENSE FOR OLD AGE SECURITY (ITEM 3 PLUS ITEM 4) . . . . .	\$ <u>354.93</u>

## FOR STATE USE ONLY

6. FEDERAL SHARE OF ADJUSTMENTS FOR ADMINISTRATIVE EXPENSE FOR AGED PERSONS ELIGIBLE TO FEDERAL PARTICIPATION. (THIS ITEM FOR STATE USE ONLY). . . . .	\$ _____
7. ADJUSTED AMOUNT DUE FROM FEDERAL FUNDS FOR ADMINISTRATIVE EXPENSE FOR OLD AGE SECURITY (ITEM 5 PLUS OR MINUS ITEM 6) (THIS ITEM FOR STATE USE ONLY). . . . .	\$ _____

## STATE OF CALIFORNIA

COUNTY XX } SS

FRANCIS MORGAN, BEING DULY SWORN, DEPOSES AND SAYS: THAT HE IS THE COUNTY OFFICIAL RESPONSIBLE FOR THE ADMINISTRATION OF OLD AGE SECURITY IN AND FOR THE SAID COUNTY; THAT ALL OF THE PROVISIONS OF CHAPTER I OF DIVISION III OF THE WELFARE & INSTITUTIONS CODE, AND AMENDMENTS THERETO, AND TITLE I OF THE SOCIAL SECURITY ACT, AND AMENDMENTS THERETO, HAVE BEEN COMPLIED WITH TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE ABOVE EXPENDITURES WERE INCURRED IN ADMINISTERING, OR WERE ALLOCATED TO, SUCH PROGRAM; THAT WITH REGARD TO EXPENDITURES FOR SALARIES & WAGES INCLUDED HEREIN ALL EMPLOYMENTS AND RATES ARE CORRECTLY SHOWN AND ARE BASED UPON AUTHORIZATION IN COMPLIANCE WITH THE REQUIREMENTS OF THE RULES FOR A MERIT SYSTEM OF PERSONNEL ADMINISTRATION OF THE STATE PUBLIC ASSISTANCE PROGRAM AS AUTHORIZED IN DIVISION I, CHAPTER I, SECTION 119.5 OF THE WELFARE & INSTITUTIONS CODE, AND AMENDMENTS THERETO.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 6TH DAYOF SEPTEMBER 1943

Mary Jones  
TITLE DEPUTY COUNTY CLERK

Francis Morgan  
SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGE

TITLE COUNTY WELFARE DIRECTORAPPROVED Richard Roe  
CHAIRMAN, BOARD OF SUPERVISORS

I HEREBY CERTIFY, THAT WARRANTS HAVE BEEN ISSUED, OR FUNDS ENCUMBERED, TO PROVIDE LIQUIDATION OF WELFARE ADMINISTRATIVE EXPENDITURES AS REFLECTED BY THAT AGENCY'S STATEMENT OF EXPENDITURES FOR THE MONTH.

John Smith  
SIGNATURE OF COUNTY AUDITOR

CREDIT VOUCHER CLAIM  
ADMINISTRATIVE EXPENSE

FORM AG 807, EFFECTIVE DECEMBER, 1943  
AGED ADMINISTRATIVE EXPENSE AFFIDAVIT  
TO ACCOMPANY MONTHLY ADMINISTRATIVE  
EXPENSE WORKSHEETS

FORM DFA 64A ALTERNATE

STATE OF CALIFORNIA		DEPARTMENT OF SOCIAL WELFARE								
		FORWARD THREE COPIES TO THE STATE DEPARTMENT OF SOCIAL WELFARE SACRAMENTO, CALIFORNIA								
		PART II XX								
		COUNTY OF _____ MONTH OF AUGUST 1943								
GRAND TOTAL ALL SALARIES AND WAGES CARRIED FORWARD FROM DFA 64 ALTERNATE		\$1,779.99	\$40.00	\$1,739.99	\$612.51	\$51.30	\$7.63	\$172.59	\$99.84	
I		2	3	4	5	6	7	8	9	10
WARRANT		OBJECT OF EXPENDITURE	GROSS TOTAL EXPENDITURES	LESS EXTRANEOUS EXPENDITURES	TOTAL ALLOCABLE EXPENDITURES	OLD AGE SECURITY	AID TO NEEDY BLIND		AID TO NEEDY CHILDREN	
DATE	NUMBER						ELIGIBLE	INELIGIBLE	ELIGIBLE	INELIGIBLE
9/1/43	1825	BUREAU OF PURCHASES - AGED FORMS	1.20	1.20	1.20					
"	26	JONES STATIONERY CO. - MISC. SUPPLIES	4.00	4.00						
"	27	GRANT ELEC. CO. - GLOBES, COMMISSARY	.67	.67						
"	28	SEARS, ROEBUCK CO. - AUTO SUPPLIES	3.35	3.35						
"	29	PAC. TELE. & TELE. CO. - TELEPHONE	12.00	12.00						
"	30	WESTERN UNION - TELEGRAM	1.50	1.60						
"	51	WILLIAMS, IRENE - MEALAGE	7.90	7.20						
"	52	CLARK, DELLA - MEALAGE	2.50	2.50						
"	53	MORGAN, FRANCIS - MEAL, MEALS	15.00	15.00						
"	54	JONES & COJ REAL ESTATE - RENT	50.00	50.00						
"	35	FORD MOTOR CO. - LUBRICATION, FORD CPE.	1.25	1.25						
"	36	MAXWELL AUTO CO. - REPAIR TRUCK	2.50	2.50						
"	37	DR. H.R. MILLER - EYE EXAMINATION	5.00	5.00						
		TOTAL MAINTENANCE & OPERATION (BEFORE ALLOCATION OF JOINT & OVER-ALL EXPENSE)	106.97	106.97	9.10	5.00				
		ALLOCATION OF JOINT MAINTENANCE & OPERATION			1.06	.09				
		ALLOCATION OF OVER-ALL MAINTENANCE & OPERATION TOTAL MAINTENANCE & OPERATION (AFTER ALLOCATION OF JOINT & OVER-ALL EXPENSE)			28.71	2.29				
		106.97	106.97	38.87	7.38					
		106.97	106.97	38.87	7.38					
9/1/43	1838	MONROE, HARD CO. - OIL HEATER	11.16	11.16						
		TOTAL CAPITAL OUTLAY (BEFORE ALLOCATION)	11.16	11.16						
		ALLOCATION OF OVER-ALL CAPITAL OUTLAY								
		TOTAL CAPITAL OUTLAY (AFTER ALLOCATION)	11.16	11.16	5.23	.42	.06	1.10	.31	21
		GRAND TOTAL OF SEM, H2O, & CO CHARGEABLE TO EA PRGM	1,901.12	40.00	1,361.12	636.71	59.10	8.04	121.58	105.27

FORM DFA 64A ALTERNATE (continued)

## FORM DFA 117—January, 1941

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFAREDivision of Financial Administration  
Approval for Repairs and Alterations

## REQUEST FOR APPROVAL OF EXPENDITURES FOR REPAIRS AND ALTERATIONS

County of XXName of Department Public Welfare

Approval is Requested for Expenditures for Repairs and Alterations to the Space in the Premises Occupied By the Office of the County Welfare Agency at the Address Listed Below, Which Will Exceed A Total of 10 Per Cent of The Annual Rental of Such Space for the Yearly Period Beginning July 1, 1942 And Ending July 1, 1942

July 1, 1943

Address of Office (Address of County Welfare Department)	Floor Number First Floor
Duration of Lease From <u>July 1, 1942</u> To <u>July 1, 1944</u>	Option of Renewal Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Name of Lessor <u>Jones &amp; Co., Real Estate</u>	Square Feet of Premises <u>1,500</u>
Address of Lessor <u>651 Main Street, City, State</u>	Proposed Cost of Alterations and Repairs <u>\$ 450.00</u>
The Following Is a Description of the Alterations or Repairs to Be Made and a Statement of Their Purpose: (Please Give Complete Description)  Install fluorescent lighting throughout offices and reception hall. Copy of plans and specifications attached.	
Monthly Rentals <u>\$ 50.00</u>	
Does Lease Contain Any Provision Regarding Repairs and Alterations? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Answer is "Yes" Please Attach Excerpt of That Section of Lease Which Deals With Such Repairs and Alterations.	
The Repairs and Alterations Are Of A Permanent Nature Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
The Repairs and Alterations Are Removable Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
The Repairs and Alterations Will Remain the Property of the County Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
*Copy of lease attached	

## CERTIFICATION

I Herby Certify That To The Best of My Knowledge the Above Statements and Information Are True and Correct.

Signature of County Officer: Francis Morgan  
Title: County Welfare Director  
Date: January 12, 1943.

DO NOT WRITE IN THIS SPACE	
RECOMMENDATION OF STATE DEPARTMENT OF SOCIAL WELFARE	ACTION OF SOCIAL SECURITY BOARD
Recommendation is Herby made by the State Department of Social Welfare That This Request Be _____	The Request is Herby _____ By the Social Security Board For Repairs and Alterations as Described Herein
Signed: _____	Signed: _____
Title: _____	Title: _____
Date: _____	Date: _____

SUBMIT 4 COPIES OF THIS FORM TO THE STATE DEPARTMENT OF SOCIAL WELFARE  
(See Reverse Side For Instructions)  
(Also Refer to Manual Sec. 646-10)

FORM DFA 117

FEDERAL MATCHING OF EXPENDITURES  
MADE FOR REPAIRS AND ALTERATIONS

If the total expenditures for repairs and alterations to the space and premises occupied by a County Welfare Agency will not exceed for any fiscal year (beginning July 1 and ending June 30) 10% of the annual rental of the office concerned, no prior approval of the Social Security Board will be necessary to receive Federal matching of the proposed expenditure even though such repairs and alterations are made during one quarterly period.

In the event that space for the offices is secured rent free the County Welfare Agency should estimate the fair annual rental value of such premises and the factors considered in determining the basis for arriving at the fair rental value should be forwarded to the State Department of Social Welfare.

The State Department of Social Welfare will, in collaboration with the Regional office of the Social Security Board, review the date submitted by the County Welfare Agency as to reasonableness. If the cost of repairs and alterations of the space in any premises occupied by a County Welfare Agency will exceed the limitations previously mentioned and the repairs and alterations are to be made at the expense of the lessee the information required on this form should be submitted to the State Department of Social Welfare prior to making such expenditures. The State Department of Social Welfare will forward this information to the Social Security Board through the Regional office for consideration and approval.

The Public Assistance Representative of the Social Security Board will make recommendations to the Washington office as to whether repairs and alterations are necessary and whether the amount specified appears to be reasonable.

Removable improvements unless made at the lessor's expense should remain the property of the County Welfare Agency. Whenever practical the lease should specify that repairs and alterations to premises privately owned should be borne by the lessor.

Forward four copies of this form to the State Department of Social Welfare, Sacramento. Do not omit any information from the form and submit any supplementary data necessary to qualify the answers given on the form.

After action by the State Department of Social Welfare and the Social Security Board, one copy of the form with action thereon will be returned to the county.

FORM DFA 117 (Reverse)

646-99

FINANCIAL PROC

RES—ADMINISTRATIVE EXPENSE

Public Assistance Program

STATE OF CALIFORNIA

Department of Social Welfare  
Forward TWO Copies to the  
STATE DEPARTMENT OF SOCIAL WELFARE  
Sacramento, California

STATE OF CALIFORNIA

From XX County

ADMINISTRATIVE EXPENSE AFFIDAVIT

FOR BLIND PERSONS ELIGIBLE UNDER AID TO NEEDY BLIND LAW

For Month of August, 1943 FISCAL YEAR (For State Use Only)

AMOUNT DUE FROM FEDERAL FUNDS FOR ADMINISTRATION OF AID TO NEEDY BLIND		CORRECTED AMOUNTS (State Use Only)
1. Administrative Expense Incurred for All Blind Persons Under the Aid to Needy Blind Law for the Month (Total Cols. 7 & 8, Form DFA 6UA) . . . . .	\$ 67.14	\$
2. Less: Administrative Expense Incurred for Blind Persons Ineligible to Federal Aid (Total Col. 8, Form DFA 6UA) . . . . .	\$ 8.04	\$
3. Administrative Expense Incurred for Blind Persons Eligible to Federal Aid (Item 1 Minus Item 2 Above) (Same as Total Col. 7, Form DFA 6UA) . . . . .	\$ 59.10	\$
4. Total Amount Due from Federal Funds for Administrative Expense for Aid to Needy Blind (1/2 of Item 3 Above) . . . . .	\$ 29.55	\$

FOR STATE USE ONLY

5. Federal Share of Adjustments for Administrative Expense for Blind Persons Eligible to Federal Participation (This Item for State Use Only) . . . . .

6. Adjusted Amount Due from Federal Funds for Administrative Expense for Aid to Needy Blind (Item 4 Plus or Minus Item 5) (This Item for State Use Only) . . . . .

STATE OF CALIFORNIA  
COUNTY XX } ss.

Francis Morgan, BEING DULY SURNED, DEPOSES AND SAYS: That he is the County Official Responsible for the Administration of Aid to Needy Blind in and for the Said County; That all of the Provisions of Chapters 1 and 3 of Part 1 of Division V of the Welfare & Institutions Code, and Amendments Thereto, and Title X of the Social Security Act, and Amendments Thereto, Have Been Compiled with to the Best of my Knowledge and Belief; That the Above Expenditures Were Incurred in Administering, or Were Allocated to, Such Program; That with Regard to Expenditures for Salaries & Wages Included herein all Employments and Rates are Correctly Shown and Are Based Upon Authorization in Compliance with the Requirements of the Rules for a Merit System of Personnel Administration of the State Public Assistance Program as Authorized in Division 1, Chapter 1, Section 119.6 of the Welfare & Institutions Code, and Amendments Thereto.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 6th DAY  
OF September, 1943

Francis Morgan  
SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGE

Mary Jones  
TITLE County Welfare Director  
TITLE Deputy County Clerk

Richard Ross  
APPROVED Chairman, Board of SUPERVISORS

I HEREBY CERTIFY, That Warrants Have Been Issued, or Funds Encumbered, to Provide Liquidation of Welfare Administrative Expenditures as Reflected by That Agency's Statement of Expenditures for the Month.

John Smith  
SIGNATURE OF COUNTY AUDITOR

CREDIT VOUCHER CLAIM  
ADMINISTRATIVE EXPENSE

Form BL 807, Effective July, 1943  
BLIND ADMINISTRATIVE EXPENSE AFFIDAVIT  
TO ACCOMPANY MONTHLY ADMINISTRATIVE  
EXPENSE WORKSHEETS

FORM BL 807

State of California

Department of Social Welfare  
Forward TWO Copies to the  
STATE DEPARTMENT OF SOCIAL WELFARE  
SACRAMENTO, CALIFORNIA

STATE OF CALIFORNIA

From XX County

ADMINISTRATIVE EXPENSE AFFIDAVIT

For Children Eligible Under Aid to Needy Children Law

For Month of August, 1943 FISCAL YEAR (For State Use Only)

AMOUNT DUE FROM FEDERAL FUNDS FOR ADMINISTRATION OF AID TO NEEDY CHILDREN		CORRECTED AMOUNTS (State Use Only)
1. Administrative Expense Incurred for All Children's Cases Under the Aid to Needy Children Law for the Month (Total Cols. 9 & 10, Form DFA 6UA) . . . . .	\$ 287.25	\$
2. Less: Administrative Expense Incurred for Children's Cases Ineligible to Federal Aid (Total Col. 10, Form DFA 6UA) . . . . .	\$ 105.27	\$
3. Administrative Expense Incurred for Children's Cases Eligible to Federal Aid (Item 1 Minus Item 2 Above) (Same as Total Col. 9, Form DFA 6UA) . . . . .	\$ 181.98	\$
4. Total Amount Due from Federal Funds for Administrative Expense for Aid to Needy Children (1/2 of Item 3 Above) . . . . .	\$ 90.99	\$

FOR STATE USE ONLY

5. Federal Share of Adjustments for Administrative Expense for Children's Cases Eligible to Federal Participation (This Item for State Use Only) . . . . .

6. Adjusted Amount Due from Federal Funds for Administrative Expense for Aid to Needy Children (Item 4 Plus or Minus Item 5) (This Item for State Use Only) . . . . .

STATE OF CALIFORNIA  
COUNTY XX } ss.

Francis Morgan, BEING DULY SURNED, DEPOSES AND SAYS: That he is the County Official Responsible for the Administration of Aid to Needy Children in and for the Said County; That all of the Provisions of Chapter 1 of Part 2 of Division II of the Welfare & Institutions Code, and Amendments Thereto, and Title IV of the Social Security Act, and Amendments Thereto, Have Been Compiled with to the Best of my Knowledge and Belief; That the Above Expenditures Were Incurred in Administering, or Were Allocated to, Such Program; That with Regard to Expenditures for Salaries & Wages Included herein all Employments and Rates are Correctly Shown and Are Based Upon Authorization in Compliance with the Requirements of the Rules for a Merit System of Personnel Administration of the State Public Assistance Program as Authorized in Division 1, Chapter 1, Section 119.5 of the Welfare & Institutions Code, and Amendments Thereto.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 6th DAY  
OF September, 1943

Francis Morgan  
SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGE

Mary Jones  
TITLE County Welfare Director  
TITLE Deputy County Clerk

Richard Ross  
APPROVED Chairman, Board of SUPERVISORS

I HEREBY CERTIFY, That Warrants Have Been Issued, or Funds Encumbered, to Provide Liquidation of Welfare Administrative Expenditures as Reflected by That Agency's Statement of Expenditures for the Month.

John Smith  
SIGNATURE OF COUNTY AUDITOR

CREDIT VOUCHER CLAIM  
ADMINISTRATIVE EXPENSE

Form CA 807, Effective July, 1943  
CHILDREN'S ADMINISTRATIVE EXPENSE AFFIDAVIT  
TO ACCOMPANY MONTHLY ADMINISTRATIVE  
EXPENSE WORKSHEETS

FORM CA 807

671-10 **Sec. 671-10 Discovery of Excess Property or Income Subsequent to Recipient's Death** W&IC SEC. 2223  
OAS

If, upon the death of a recipient of OAS it is discovered that he was possessed of property or income in excess of the amount allowed under the OAS Law, the county shall immediately refer his case to the SDSW for appropriate action. The SDSW, in conjunction with the Attorney General, will proceed against the estate of the deceased recipient. Upon recovery from the estate the county share of the repayment will be remitted by SDSW to the county.

671-20 **Sec. 671-20 Source of Repayment** W&IC SECS. 2006, 2020-05  
OAS; ANB; APSB; ANC

The recipient is obligated to make repayments authorized under Sec. 671-00, Basis for Repayment, from assets he may have other than the current grant and the income required to meet the current need. (See Secs. 671-30, Repayments from Current Grants of Aid or Income, and 215-10, Restitution and Restoration of Aid.)

671-30 **Sec. 671-30 Repayments From Current Grants of Aid or Income** W&IC SECS. 1506, 2007, 3075, 3460  
OAS; ANB; APSB; ANC

Repayments authorized under Sec. 671-00, Basis for Repayment, may be required to be made from the current grant and the income required to meet the current need, only if repayment is made not later than the second month subsequent to that in which the overpayment of aid occurred. (See Sec. 361-10, Decrease in Grant.)

**Sec. 670-00 Tabular Analysis of Provisions of the W. & I. Code Regarding Repayments  
OAS; ANB; APSB; ANC**

670-00

Aid	Basis for Recovery from Recipient by County or SDSW	Basis for Recovery from Relative by County	Basis for Recovery from Estate by SDSW	Amount Recoverable	Applicable Code Sections
OAS	Aid illegally obtained			Amount of aid illegally received	2007 2222
OAS	Excess aid received because of possession of excess property, where recipient acted in good faith			Amount of excess aid received, or amount of excess property, whichever is less	2223.5
OAS			Recipient possessed of excess property or income which he did not disclose to county and which was discovered after recipient's death	Double the amount of excess aid received	2223
OAS ANB APSB		Recipient has within the State a responsible relative pecuniarily able to support recipient		Such portion of aid granted or to be granted as relative able to pay	2224 3088 3474
ANB APSB ANC	Aid obtained by means of false statement or representation or by impersonation or other fraudulent device			Amount of aid received by fraudulent means	1506 3006 3405

**Sec. 671-00 Basis for Repayment**

W&IC SECS. 1506, 2007, 2222, 2223, 2223.5, 2224, 3006, 3008,  
3405, 3474

671-00

Repayment is due from a recipient of aid to the extent of the aid paid to which the recipient was knowingly ineligible at the time of its receipt. A recipient is considered "knowingly ineligible" if he has/had actual knowledge of the facts causing him to be ineligible to the amount of aid he received, and did not divulge these facts to the county. If, however, there was information in the county case record or other official records of the county, normally investigated in the clearance of eligibility, which would enable the county to ascertain the facts which rendered the recipient ineligible to the amount of aid received, no request for repayment is authorized.

If a recipient received aid to which he was not entitled by virtue of possession of excess real and/or personal property, and there is a showing that the recipient received the aid in good faith, honestly believing himself entitled thereto, the right exists to request repayment of aid only to the extent of the largest amount by which his real and/or personal property exceeded the maximum for the particular category of aid during the period of ineligibility. In no event shall repayment be in an amount greater than the aid which he received while possessed of such excess property.

**800-99 Sec. 800-99 Forms Used in CWS**  
**CWS**

**FORM CWS 1**

Form CWS-1, July, 1943  
 State of California  
 Department of Social Welfare  
 MONTHLY CLAIM, FOR FEDERAL GRANT FOR  
 CHILD WELFARE SERVICES  
 COVERING SALARY OR SALARY AND TRAVELING  
 EXPENSES OF COUNTY WORKER

Submit in Duplicate to  
 State Department of Social Welfare  
 Sacramento

READ THIS AFFIDAVIT CAREFULLY

STATE OF CALIFORNIA

To SACRAMENTO COUNTY, Dr.

FOR CHILD WELFARE SERVICES

For the Month of August, 1943. (Do not write in this space)

FISCAL YEAR

AMOUNT DUE FROM FEDERAL FUNDS FOR ADMINISTRATION OF THE  
 CHILD WELFARE SERVICES PROGRAM

(1) WARRANT NUMBER	(2) NAME	(3) CLASSIFICATION TITLE	(4) TIME EMPLOYED FROM TO NO OF DAYS OR HOURS	(5) RATE	(6) TOTAL AMOUNT PAID WORKER FOR (A) (B) SALARY TRAVEL	(7) AMOUNT CLAIMED FROM FEDERAL FUNDS
506	JANE SMITH	CHILD WELFARE SERVICES WORKER	1 31 31	150.00	150.00	120.00

"OFFICE SPACE, EQUIPMENT, STENOGRAPHIC SERVICES AND TRANSPORTATION HERE FURNISHED BY (NAME OF COUNTY) COUNTY DURING THE MONTH OF AUGUST, 1943."

TOTAL AMOUNT CLAIMED FOR CHILD WELFARE SERVICES \$ 120.00

STATE OF CALIFORNIA  
 COUNTY OF SACRAMENTO } ss.  
 JOHN DOE

, Being duly sworn, deposes and says:

That he is the county official responsible for relief in and for the said county; that the above payroll or payroll and charges covering traveling are correct; that the work for which payment is shown was actually performed during the month so specified; that the individuals whose names are set forth herein were employed to perform such services in accordance with agreement, and that all the provisions of the contract governing such services have been carried out in full; that the several individuals have each received the amounts set opposite their respective names and that the claim is in accordance with the contract with the State Department of Social Welfare under Title V, Part 3 of the Social Security Act.

Subscribed and sworn to before me this 2nd day of September, 1943.  
Mary Jones Signature of Director or Official in charge of county relief  
 Title County Welfare Director  
 Title Deputy County Clerk  
 APPROVED Richard Roe  
 Chairman, Board of Supervisors

I HEREBY CERTIFY, that warrants totaling the amount shown have been issued to the persons listed above.

Jane Doe  
 County Auditor

**FORM CWS 51**

U. S. DEPARTMENT OF LABOR  
 CHILD WELFARE BUREAU  
 WASHINGTON

Form CWS-51  
 January 1942

**CHILDREN ACCEPTED FOR SERVICE**

(A Report To Be Made Monthly by Individual Child-Welfare Workers in Counties or Other Local Units)

State of California ..... County or local area ..... X ..... Month ..... July ..... 1942.  
 Reported by Jane Doe Type of worker: CWS  Other  Date August 2, 1942

A—CHILDREN RECEIVING SERVICE DURING MONTH	NUMBER
1. Children carried over from preceding month (item 5 preceding month).	77
2. Children added during month.	4
3. Total children during month (1 plus 2).	81
4. Children discharged during month.	9
5. Children carried forward to following month (3 minus 4).	72
6. FAMILIES represented by children reported in Item 5.	28

B—WEEKENDS OF CHILDREN ON LAST DAY OF MONTH	X X X X X X X X
7. Total children (same as Item 5; sum of 8, 9, 10, 11, and 12).	72
8. In home of child's parents.	47
9. In home of child's relatives.	5
10. In foster home: Total (sum of (a), (b), and (c)).	16
(a) Free home.	0
(b) Boarding home.	15
(c) Work or wage home.	1
11. In institution.	3
12. Other (specify). <u>In boarding home</u> .	1

C—CHILDREN IN HOME OF PARENTS OR RELATIVES ON LAST DAY OF MONTH BY TYPE OF ASSISTANCE GRANTED TO FAMILY	X X X X X X X X
13. Unduplicated number of children (same as sum of Items 8 and 9).	52
(a) Children in families receiving no assistance from public programs.	11
(b) Children in families receiving aid from public general relief programs and veteran's relief programs.	3
(c) Children in families receiving aid to dependent children.	32
(d) Children in families receiving other types of categorical assistance.	0
(e) Children in families receiving aid through WPA and other works programs, NYA, or PWA.	1

U. S. GOVERNMENT PRINTING OFFICE 16-22604-1

**Sec. 800-57 Expenditures for CWS**

800-57

**CWS**

In those counties where contracts have been approved for the employment of CWS workers, the amount of a CWS worker's salary chargeable to CWS shall be determined on the basis of effort expended. If the amount so determined is less than the amount received for CWS from the U. S. Children's Bureau, an amount equivalent to the amount received from the U. S. Children's Bureau shall be charged to OWP and the balance of the worker's salary shall be apportioned among all other programs on the basis of the effort expended including CWS.

The minimum amount charged to OWP shall be that amount reimbursed to the county by the SDSW from the U. S. Children's Bureau funds. In those counties where the entire cost is borne by Federal funds, the entire salary shall be included in the OWP category.

**Sec. 800-60 CWS Claims and Financial Forms**

800-60

**CWS**

CWS claims are filed to secure reimbursement to the county for salary or salary and traveling expenses of workers in accordance with the terms of the CWS agreement between the county and the SDSW (see Sec. 800-20, Agreements). The following form is used:

CWS 1, Monthly Claim, for Federal Grant for Child Welfare Services Covering Salary or Salary and Traveling Expenses of County Worker.

Traveling expenses of CWS county workers may be claimed *only* when the approved agreement between the county and the SDSW specifically provides for Federal participation in such expenses.

All CWS claims shall be submitted to the SDSW in duplicate as soon as possible after the end of the month for which such expense claims are made. The ability of the SDSW to submit quarterly statements of expenditures, as required by the Federal Government is dependent upon prompt submission of claims by participating counties. (See Form CWS 1 in Sec. 800-99, Forms Used in CWS.)

**Sec. 800-65 Partial Month Claim**

800-65

**CWS**

In determining the amount of a claim covering salary of a CWS worker for a portion of a month, the rate is computed on the actual number of days in the month.

Example: Salary was paid to a county CWS worker at the rate of \$150 a month for ten days in January. According to the agreement between the county and the SDSW, the State reimburses the county at the rate of \$120 of the \$150 salary, or a  $\frac{4}{5}$  portion. The county pays the remaining  $\frac{1}{5}$ .

$$\begin{aligned} \frac{10}{31} \times \$150.00 &= \$48.39 \text{ amount paid worker by county} \\ \frac{4}{5} \times 48.39 &= 38.71 \text{ amount of claim made by county} \end{aligned}$$

(See example, Form CWS 1.)

**Sec. 800-75 State Audit of Claims**

800-75

**CWS**

CWS claims are audited to records and agreements in the office of the SDSW, and are forwarded to the State Controller's Office for payment. Warrants are payable to and are forwarded to the county treasurer.

**Sec. 800-85 Claim Corrections**

800-85

**CWS**

Counties are notified, by means of a claim correction letter, of corrections and changes in amounts which have been made during the audit of claims in the SDSW office. The reason for each correction or change is stated.

MAIN OFFICE  
SACRAMENTO  
616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET

Culbert L. Olson  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

MISS MARTHA A. CHICKERING

DIRECTOR

Sacramento

January 5, 1943

Honorable Frank M. Jordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

FILED

In the office of the Secretary of State  
of the State of California

JAN 6 - 1943

FRANK M. JORDAN, Secretary of State

By Chas. Staggs Deputy

IN REPLY PLEASE REFER  
TO:

SOCIAL WELFARE BOARD  
ARCHIBALD B. YOUNG, CHAIRMAN  
808 S. SAN RAFAEL AVENUE  
PASADENA

MRS. MARY E. BARKWILL  
ROUTE 1, BOX 55  
LINDSAY

JOHN C. CUNEO  
922 J STREET  
MODESTO

MELVYN DOUGLAS  
9484 WILSHIRE BOULEVARD  
BEVERLY HILLS

MRS. T. G. EMMONS  
POST OFFICE BOX 12  
SALINAS

WILFORD H. HOWARD  
P. O. BOX 288  
SACRAMENTO  
BEN KOENIG  
1680 NORTH VINE STREET  
LOS ANGELES

My dear Mr. Jordan:

Attached hereto are three copies of a regulation,  
currently effective, made by the State Department  
of Social Welfare.

This regulation is filed in accordance with Article  
21 of Chapter 3 of Title 1 of Part 3 of the Political  
Code as amended by Chapter 628, Statutes of 1941.

Very sincerely yours,

Marta A. Chickering

MARTHA A. CHICKERING, Director  
Department of Social Welfare

Attachments

172:786

Culbert L. Olson  
Governor

MAIN OFFICE  
SACRAMENTO  
616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET

SAN FRANCISCO OFFICE  
540 VAN NESS AVENUE

STATE OF CALIFORNIA

## Department of Social Welfare

MISS MARTHA A. CHICKERING  
DIRECTOR

Sacramento

December 31, 1942

JOHN C. CUNEO  
922 J STREET  
MODESTO

BEN KOENIG  
1680 NORTH VINE ST.  
LOS ANGELES

WILFORD H. HOWARD  
1815 REDWOOD HIGHWAY  
SOUTH, SANTA ROSA

SOCIAL WELFARE BOARD  
ARCHIBALD B. YOUNG, CHAIRMAN  
808 S. SAN RAFAEL AVENUE  
PASADENA

MRS. MARY E. BARKWILL  
ROUTE 1, BOX 55  
LINDSAY

MELVYN DOUGLAS  
9484 WILSHIRE BOULEVARD  
BEVERLY HILLS

MRS. T. G. EMMONS  
POST OFFICE BOX 12  
SALINAS

### DEPARTMENT BULLETIN NO. 203

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: Instructions for Completion of  
Forms CA 240 Revised (CIF) and  
CA 242 (TBF)  
Division of Aid to Needy Children

Appended are samples of revised report forms and instructions  
for their use in establishing classification in CIF and TBF cases.

Form CA 240 Revised replaces Form CA 240 (formerly CA 10) which  
therefore becomes obsolete.

Form CA 242 replaces Form CA 222 (Report by Physician-TBF) and  
Form CA 223 (Follow-up Report by Physician-TBF Not in Sanitarium), both  
of which also become obsolete.

Form CA 240 Revised and Form CA 242 are to be used on all new  
applications and re-affirmations where medical reports are secured sub-  
sequent to the receipt of these forms.

Mimeographed forms will be available from the State Department  
of Social Welfare for a temporary period. An initial supply is being  
sent to the counties.

Very sincerely yours,

Authority: Section 1560,  
Welfare and Institutions  
Code

*Marta A. Chickering*  
MARTHA A. CHICKERING, Director  
Department of Social Welfare

Attachments

REPORT ON INCAPACITATED FATHER  
AID TO NEEDY CHILDREN

Under the Aid to Needy Children Law a needy child under the age of 18 years, whose father is incapacitated for gainful employment\* by permanent physical disability, shall be considered eligible for aid under the classification "Child of an incapacitated Father (CIF)" if the child is otherwise eligible.

A. MEDICAL SOCIAL WORKER'S OR COUNTY WORKER'S REPORT.

1. Name \_\_\_\_\_ Age \_\_\_\_\_

2. Address \_\_\_\_\_

3. Nature of incapacity (father's statement) \_\_\_\_\_

4. Approximate date when present incapacity began: \_\_\_\_\_

5. When first attended by a physician Date \_\_\_\_\_ Place \_\_\_\_\_  
Name of physician \_\_\_\_\_

Give names of any other physicians who have attended man \_\_\_\_\_

6. WORK HISTORY:

(a) What is man's usual occupation? \_\_\_\_\_

(b) How long since he has been able to follow it? \_\_\_\_\_

(c) What kind of work, if any, has he done since onset of present condition causing incapacity? \_\_\_\_\_

If none, why? \_\_\_\_\_

7. Attitude toward work.

If man believes he can undertake work requiring limited physical effort,

indicate type of work: \_\_\_\_\_

Is man interested in a retraining program? \_\_\_\_\_

Date \_\_\_\_\_

Signature of County Worker

\*Gainful Employment: A father is considered gainfully employed if he is earning more than his share of the family budget, or more than enough to care for his needs if living outside the home.

Physician's Report and Code for Interpreting Physician's Report on reverse side.

B. PHYSICIAN'S REPORT

1. Name \_\_\_\_\_ Date \_\_\_\_\_

2. Address \_\_\_\_\_

3. Diagnosis and symptoms causing incapacity: \_\_\_\_\_

4. In your opinion, do you consider that his physical incapacity is a permanent disability? Yes ( ) No ( )

5. In your opinion, is his physical incapacity such as to prevent him from engaging in any occupation? Yes ( ) No ( )

TO BE COMPLETED IF ANSWER TO QUESTION NO. 5 IS "NO".

6. EMPLOYABILITY: In your judgment, and as far as it is possible to ascertain at this time, is man physically able to:

a. Return to his former employment or work requiring equal effort?

1. Full time? Yes ( ) No ( ) 2. If not full time, how many hours? \_\_\_\_\_

b. Do light work?

1. Full time? Yes ( ) No ( ) 2. If not full time, how many hours? \_\_\_\_\_

Signature of Physician \_\_\_\_\_

C. CODE FOR INTERPRETING PHYSICIAN'S REPORT

1. If Question 4 is "No" (regardless of answer under Question 5) --- Ineligible

2. If Questions 4 and 5 are both answered "Yes" --- Eligible

3. If Question 4 is "Yes" and Question 5 is "No" --- worker should estimate earnings on basis of the number of hours indicated by physician under Section B Item 6 and the prevailing wage for type of work.

Under Question 6:

4. If "a(1)" is "Yes" --- Ineligible

5. If "a(2)" is answered --- worker should estimate earnings on the basis of the number of hours indicated and the prevailing wage for type of work.

6. If "b(1)" is "Yes" --- Ineligible

7. If "b(2)" is answered --- worker should estimate earnings on the basis of the number of hours indicated and the prevailing wage for type of work.

D. GAINFUL EMPLOYMENT DETERMINATION

1. If father is working or, according to physician's report, is able to undertake any employment, complete Item 1, following:

a. Prevailing wage \_\_\_\_\_ b. Number of hours able to work (as per Sec. B per hour \_\_\_\_\_ Item 6) \_\_\_\_\_

c. Actual earnings \_\_\_\_\_ d. Estimated earnings \_\_\_\_\_  
per month \_\_\_\_\_ per month \_\_\_\_\_

e. Fa's share of family budget \$ \_\_\_\_\_ f. Fa's, budgetary needs if not in home \$ \_\_\_\_\_

(Note: If the estimate of the father's earnings, on the basis of the physician's determination of the number of hours he can work, exceeds his share of the family budget or his needs, if living out of the home, case is ineligible even though the father is actually working less than the number of hours indicated by the physician.)

2. On the basis of the above information \_\_\_\_\_

Name of Father \_\_\_\_\_

is \_\_\_\_\_ to undertake gainful employment, and his children are  
able \_\_\_\_\_ unable \_\_\_\_\_

for ANC under the CIF Classification.

eligible \_\_\_\_\_ ineligible \_\_\_\_\_

INSTRUCTIONS FOR COMPLETION OF FORM CA 2 REVISED

The ANC Law provides that a needy child under the age of 18 years whose father is incapacitated for gainful employment by permanent physical disability shall be considered eligible for aid under the classification, "Child of an Incapacitated Father (CIF)" if the child is otherwise eligible.

The Form CA 240 Revised replaces Form CA 240 (formerly CA 10) which becomes obsolete with the issuance of this revised form.

The old form placed upon the physician the responsibility for determining whether the physically incapacitated father could undertake "gainful employment". On the revised Form CA 240, the physician reports the diagnosis, permanence of incapacity, type of work, if any, that the man can do and number of hours that his physical condition would permit him to give to such work. On the basis of the Physician's Report (Section B) and the Code for Interpreting Physician's Report (Section C) the county worker completes the determination of eligibility.

The revised Form CA 240 is completed as follows:

1. Using two (original and copy) Forms CA 240, the county worker completes Section A on the basis of information contained in the case record and obtained from interview with family and man himself. The copy is retained in the county file until the original is completed.
2. Original is sent to physician requesting him to complete Section B. It should be noted that, if the physician answers Item 5 "No", he should then also complete Item 6, which describes the degree of man's employability.
3. When the physician returns the form with Section B completed, the county worker applies the Code for Interpreting Physician's Report (Section C). It is the county worker's responsibility to determine whether the work the man can undertake, if any, as reported by the physician, is "gainful employment". This is done by completing the information required under Section D, Item 1, which covers: a. the prevailing wage (per hour); b. number of hours man is able to work as reported by physician (under Section B, Item 6); c. actual earnings per month; d. estimated earnings per month; e. father's share of family budget; f. father's budgetary need, if not in home.

There will be cases in which the physician states man is unable to return to his former occupation but can do "light work" although man has never done light work. The worker should then estimate his earnings on the basis of the prevailing wage for any type of light work which it is reasonable to expect he might undertake. The local U.S.E.S. may be consulted for types of work and prevailing wage.

It should be noted that when man is working, eligibility must be determined on the basis of his estimated ability to earn rather than his actual earnings except when he is actually earning more than his share of the family budget or more than enough to care for his needs if living outside the home. (See definition of "gainful employment" below Section A.)

Example:

Physician says man can work 4 hours a day. Wage for employment is 50¢ an hour and estimated monthly earnings \$48 a month, (24 hours per week totals 96 hours per month @ 50¢ per hour equals \$48 per month) which exceeds father's share of budget. Father actually working only 2 days a week and actual earnings are less than his share of the family budget.  
Case ineligible, on basis of father's estimated earnings as based on physician's report.

Example:

Physician states man can work 2 hours a day. Wage for employment 35¢ an hour, estimated monthly earnings \$16.80 (12 hours per week totals 48 hours per month @ 35¢ per hour equals \$16.80 per month) which is less than man's share of family budget. Man is actually working 1 hour a day and his actual earnings are only \$8.40. Case eligible, on basis of father's estimated earnings as based on physician's report.

Example:

Physician states man can work 2 hours a day. Wage for employment 35¢ per hour, estimated monthly earnings \$16.80 (12 hours per week totals 48 hours per month @ 35¢ per hour equals \$16.80 per month) which is less than man's share of family budget. Man is actually working 4 hours a day and his actual earnings are \$33.60 per month, which exceed his share of the family budget. Case ineligible on basis of father's actual earnings.

REPORT ON TUBERCULOUS FATHER  
AID TO NEEDY CHILDREN

Under the Aid to Needy Children Law, a child whose father is suffering from tuberculosis in such a stage that he can not pursue a gainful occupation\* shall be considered as eligible under the classification "Tuberculous Father (TBF)" provided the child is otherwise eligible.

A. PHYSICIAN'S REPORT

1. Name of Patient \_\_\_\_\_ Age \_\_\_\_\_  
2. Home Address \_\_\_\_\_  
3. Present Whereabouts \_\_\_\_\_

4. THIS IS TO CERTIFY, That I have this day examined the above named patient and find that he is suffering from tuberculosis in a communicable/non-communicable stage.

DIAGNOSIS: Minimal Active  
Moderately Advanced Arrested  
Far Advanced

5. If other than pulmonary, specify \_\_\_\_\_  
6. Date of last sputum examination \_\_\_\_\_  
7. Plan for patient. (Complete section under this item which is applicable.)  
a. Admitted to \_\_\_\_\_ on \_\_\_\_\_  
Name of Sanitarium or Hospital \_\_\_\_\_ Date \_\_\_\_\_  
b. If patient has tuberculosis in a communicable stage, and has not been admitted to a sanitarium or hospital, what is plan for isolation from family? \_\_\_\_\_  
c. If father is in home, his presence \_\_\_\_\_ considered a source of danger to family. is \_\_\_\_\_ is not \_\_\_\_\_  
8. How often should patient be examined? \_\_\_\_\_  
9. Have other members of the family been examined as tuberculosis contacts? \_\_\_\_\_  
Results \_\_\_\_\_

10. EMPLOYABILITY:

- a. Should man refrain from work entirely? Yes ( ) No ( )

(The following questions are to be completed if answer to preceding question is "No".)

- b. Is man's physical condition such that he can now return to his former occupation, or work requiring equal effort?  
1. Full time Yes  No  2. If not full time, how many hours?

1. Full time Yes ( ) No ( ) 2. If not full time, how many hours? \_\_\_\_\_

- c. Is man's physical condition such that he can safely undertake light work?  
Yes ( ) No ( )

1. Full time light work                            2. If not full time, how many hours?  
Yes ( ) No ( )

**Signature of Physician**

Date of Examination

**Address**

\*Gainful Employment: A father is considered gainfully employed if he is earning more than his share of the family budget, or more than enough to care for his needs if living outside the home.

See reverse side for instructions for interpreting medical report.

B. CODE FOR INTERPRETING PHYSICIAN'S REPORT.

Under Question 10.

1. If "a" is "Yes" -- Eligible.
2. If "a" is "No" -- then following is applied:  
If "b(1)" is "Yes" -- Ineligible  
If "b(2)" is answered -- worker should estimate earnings on basis of the number of hours indicated and the prevailing wage for type of work.  
If "c(1)" is "Yes" -- Ineligible  
If "c(2)" is answered -- worker should estimate earnings on basis of the number of hours indicated and the prevailing wage for type of work.

C. GAINFUL EMPLOYMENT DETERMINATION.

1. If father is working or, according to physician's report, is able to undertake any employment, complete Item 1, following:

- a. Prevailing wage \_\_\_\_\_ per hour
- b. Number of hours able to work (as per Section A, Item 10) \_\_\_\_\_
- c. Actual earnings \_\_\_\_\_ per month
- d. Estimated earnings \_\_\_\_\_ per month
- e. Father's share of family budget \_\_\_\_\_
- f. Father's budgetary needs if not in home \_\_\_\_\_

(Note: If the estimate of the father's earnings on the basis of the physician's determination of the number of hours he can work exceeds his share of the family budget or his needs, if living out of the home, case is ineligible even though the father is actually working less than the number of hours determined by the physician.)

2. On the basis of the above information \_\_\_\_\_

Name of Father  
is \_\_\_\_\_ to undertake gainful employment, and his children are  
able \_\_\_\_\_ unable \_\_\_\_\_

for ANC under the TBF Classification.  
eligible \_\_\_\_\_ ineligible \_\_\_\_\_

---

Date

Signature of County Worker

INSTRUCTIONS FOR COMPLETION OF FORM CA : (TBF)

The ANC Law provides that a child whose father is suffering from tuberculosis in such a stage that he can not pursue a gainful occupation shall be considered as eligible under the classification "Tuberculous Father (TBF)" provided that the child is otherwise eligible.

The new Form CA 242 replaces Form CA 222 (Report by Physician - Tuberculous Father) and Form CA 223 (Follow-up Report by Physician, Tuberculous Father not in Sanitarium).

The old forms placed upon the physician the responsibility for determining whether the father suffering from tuberculosis could undertake "gainful employment". On the new form, the physician reports the diagnosis, date of last sputum examination, plan for patient, depending upon whether the father is in a sanitarium or in the home. (Note that Item 7a. of Section A applies to TB father in sanitarium; Item 7b. applies to TB father not in sanitarium or hospital and who is separated from family; Item 7c. applies to TB father living in the home.) If the physician determines that the father may safely undertake employment, he indicates his findings with regard to the father's degree of employability by stating the type of work that the father can do and number of hours his physical condition would permit him to give to such work. On the basis of the Physician's Report (Section A) and the Code for Interpreting the Physician's Report (Section B) the county worker completes the determination of eligibility.

The Form CA 242 is completed as follows:

1. The form is submitted to the physician responsible for preparing the report, requesting him to complete Section A. Note that if physician answers Item 10 "No", he should then also complete "a" and "b" which follow, to describe the degree of man's employability.
2. When the physician returns the form with Section A completed, the county worker applies the Code for Interpreting Physician's Report (Section B). It is the county worker's responsibility to determine whether the work that the man can undertake, if any, as reported by the physician, is "gainful employment". This is done by completing the information required under Section C Item 1 which covers: a. the prevailing wage (per hour); b. number of hours man is able to work as reported by physician under Section A, Item 10; c. actual earnings (per month); d. estimated earnings (per month); e. father's share of family budget; f. father's budgetary needs if not in home.

There will be cases in which the physician states man is unable to return to his former occupation but can do "light work" although man has never done light work. The worker should then estimate his earnings on the basis of the prevailing wage for any type of light work which it is reasonable to expect he might undertake. The local U.S.E.S. may be consulted for types of work and prevailing wage.

It should be noted that, when man is working, eligibility must be determined on the basis of his estimated ability to earn rather than his actual earnings except when he is actually earning more than his share of the family budget or more than enough to care for his needs if living outside the home. (See definition of "Gainful Employment" below Section A.)

Example:

Physician says man can work 4 hours a day. Wage for employment is 50¢ an hour and estimated monthly earnings \$48 a month (24 hours per week totals 96 hours per month @ 50¢ per hour equals \$48 per month) which exceeds father's share of budget. Father actually working only 2 days a week and actual earnings are less than his share of the family budget. Case ineligible on basis of father's estimated earning as based on physician's report.

Example:

Physician states man can work 2 hours a day. Wages for employment 35¢ an hour, estimated monthly earnings \$16.80 (12 hours a week totals 48 hours a month @ 35¢ per hour equals \$16.80 per month) which is less than man's share of family budget. Man is actually working 1 hour a day and his actual earnings are only \$8.40. Case eligible, on basis of father's estimated earnings as based on physician's report.

Example:

Physician states man can work 2 hours a day. Wage for employment 35¢ an hour, estimated monthly earnings \$16.80 (12 hours per week totals 48 hours per month @ 35¢ per hour equals \$16.80 per month) which is less than man's share of family budget. Man is actually working 4 hours a day and his actual earnings are \$33.60 per month, which exceed his share of the family budget. Case ineligible on basis of the father's actual earnings.

MAIN OFFICE  
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616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET STREET

Gulbert L. Olson  
Governor

STATE OF CALIFORNIA

Department of Social Welfare

MISS MARTHA A. CHICKERING

DIRECTOR

Sacramento

January 6, 1942

Honorable Paul Peek  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

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SACRAMENTO  
BEN KOENIG  
1680 NORTH VINE STREET  
LOS ANGELES

L  
IN REPLY PLEASE REFER  
TO:

Dear Mr. Peek:

Attached are three copies of regulations, currently effective, made by the State Department of Social Welfare.

These regulations are filed in accordance with Article 21 of Chapter 3 of Title 1 of Part 3 of the Political Code as amended by Chapter 628, Statutes of 1941.

Very sincerely yours,

MARTHA A. CHICKERING, Director  
Department of Social Welfare

277:973  
Attachments

**Gulbert E. Olson**  
Governor

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MISS MARTHA A. CHICKERING  
DIRECTOR

MISS MARTHA A. CHICKERING  
DIRECTOR

DIRECTOR

## Sacramento

December 15, 1942

JOHN C. CUNEO  
922 J. STREET  
MODESTO

WILFORD H. HOWARD  
1815 REDWOOD HIGHWAY SOUTH  
SANTA ROSA

IN REPLY PLEASE REFER  
TO:

1299

MANUAL LETTER NO. 30

You receive herewith Personal Property Chapter, Revision 13, Real Property Chapter, Revisions 35, 36, 37, 38, 39, 40, and 41, and Investigation and Decision Chapter, Revisions 1, 2, and 3.

These revisions were approved by the SSWB on November 19, 1942. All revisions become effective immediately and all actions by boards of supervisors on Applications and Notices of Change 90 days or later from the date of issuance of these revisions shall be in accord with them.

These revisions are based on the decision rendered by the State Supreme Court of California in the case of Bila vs. Young, which was handed down on September 29, 1942.

Statements contained in the Manual take precedence over same material previously released in bulletins.

**135-15 Sec. 135-15 Transfer of Separate Real Property of Spouse** W&IC Secs. 103, 103.5,  
**OAS** 2141, 2160G, 2164, 2165, 216A

An applicant may be ineligible if a voluntary assignment or transfer of real property has been made by his spouse for the purpose of qualifying the applicant for aid. Such an assignment is subject to the same presumption of innocence of intent as is applicable to transfers made prior to the beginning date of the required property search and to transfers of property of a value less than the maximum set by law. (See Sec. 135-00, Transfer of Real Property to Qualify for Aid.)

When a separated couple have entered into a property agreement more than two years prior to application for aid, transfer of separate real property by the ineligible spouse without consideration does not disqualify the applicant unless there is evidence of collusion for the purpose of qualifying the applicant for aid.

Real property owned by a separated spouse which is exempt from consideration in determining the applicant's eligibility may be transferred at will by the spouse without affecting the applicant's eligibility for aid. (See Sec. 131-20, Real Property Owned Outside State by Separated Spouse.)

**135-20 Sec. 135-20 Transfer of Separate Real Property of Spouse** W&IC Secs. 103.6, 3047, 3075,  
**ANB; APSB** 3447, 3460

Since the assessed value of combined real property is not a factor in eligibility under the ANB and APSB laws, an applicant or recipient may join the spouse in transfer of the latter's separate property without disqualifying himself for aid.

**135-25 Sec. 135-25 Duration of Ineligibility Due to Transfer of Property to Qualify for Aid** W&IC Secs. 103,  
**OAS; ANB; APSB; ANC** 103.5, 103.6, 1560, 2007.5, 2141, 2160G, 3075, 3460

When an applicant in OAS, ANB, and APSB, or a child in ANC, is disqualified because of transfer of property with intent to qualify for aid as set forth in Sec. 135-00, Transfer of Real Property to Qualify for Aid, the duration of future ineligibility shall be governed by the following general statement of policy.

It is the presumption, which may be refuted, that the applicant in OAS, ANB and APSB, or child in ANC, becomes ineligible for a period of two years from the date of the transfer. The duration of future ineligibility may be reduced or increased in accord with the probable period that a reasonable return for the grantor's equity in the property, had it been sold, together with other income would have supported the grantor and those dependent upon him. The period shall be based on a monthly rate of expenditure consistent with the Relatives Contribution Scale set forth in Sec. 172-00, Investigation of Responsible Relatives Within State, OAS; e.g., \$94 a month in the case of a single person without dependents, \$144 in the case of a married person without children, etc.

Should the property be reconveyed to the grantor, or should a life estate interest in it be conveyed to him and recorded, or should he receive reasonably adequate consideration for it subsequent to its transfer, the condition which caused ineligibility would no longer exist. Aid shall be granted upon such a determination, provided eligibility otherwise exists.

When the facts demonstrate a desire and effort of the grantor to recover the property, but none of the foregoing adjustments are possible, either because the transferred property has been sold in a bona fide sale to a third party or the equity in it cannot be recovered, the duration of ineligibility shall not be held to exceed one year from the date of the transfer.

When a transfer of real property is made with the understanding that the donee will provide care for the donor for the remainder of his life, such donor is ineligible, as he has entered into a contract for life care, unless there is evidence that such contract is not enforceable.

**Sec. 135-00 Transfer of Real Property to Qualify for Aid** W&IC Secs. 103, 103.5, 103.6, 1520,<sup>135-00</sup>  
OAS; ANB; APSB; ANC 1560, 2141, 21goG, 2164, 2165, 3047, 3075, 3447, 3460

No person is eligible for aid if a voluntary transfer or assignment of real property has been made for the purpose of qualifying for aid. If title passed by delivery of the deed prior to the beginning date of the required property search period, it is the presumption, which may be refuted, that the transfer of title was made in good faith and not for the purpose of qualifying for aid. (See Secs. 135-40, Real Property Search, and 135-60, Investigation Required of Transfer of Property.)

A transfer or assignment of real property of a value greater than the maximum set by law, or which reduces the amount of the property holdings to an amount within the maximum, is deemed to render the applicant ineligible unless there is an affirmative showing that the transfer or assignment was not made for the purpose of qualifying for aid. There is the presumption that such a transfer was made for the purpose of qualifying for aid, which presumption may be refuted only by factual evidence of intent which establishes beyond a reasonable doubt that the transfer or assignment was not in fact made for the purpose of qualifying for aid. (See Sec. 135-70, Determination of Reason for Voluntary Transfer of Property.)

A transfer or assignment of real property of a value less than the maximum set by law, or which does not reduce the property holdings to an amount within the maximum, shall not render a person ineligible unless there is an affirmative showing that the transfer or assignment was made for the purpose of qualifying for aid. There is the presumption that such a transfer was not made for the purpose of qualifying for aid, which presumption may be refuted only by factual evidence of intent, which establishes beyond a reasonable doubt that the transfer was in fact made for the purpose of qualifying for aid.

A transfer or assignment of income producing real property shall be deemed to render a person ineligible for aid if the net income from such property exceeds the maximum grant provided by law, unless there is an affirmative showing that the transfer or assignment of such income property was not intended by the grantor to qualify him for a greater amount of aid than that to which he would otherwise be entitled.

A transfer or assignment of income producing real property of a value less than the maximum set by law shall not render a person ineligible for aid, provided the net income from such property does not exceed the maximum grant provided by the law, unless there is an affirmative showing that the transfer or assignment of such income property was intended by the grantor to qualify him for a greater amount of aid than that to which he would otherwise be entitled.

In arriving at the net income from property which is transferred or assigned the following shall be taken into consideration:

- Interest payments
- Taxes
- Assessments
- Insurance
- Upkeep
- All other necessary charges and expenses of every kind

It is the responsibility of the applicant, in so far as he is able, to give information to assist the county in determining whether a transfer of property of a value greater than the maximum set by law or a transfer which reduced the value of remaining property within the maximum was for the purpose of qualifying for aid.

Transfers which have not heretofore come to attention but which are revealed through reinvestigation or otherwise and which occurred in the past, should be evaluated in accordance with this policy. Thus this policy revision may be retroactive in its application.

transferred for purpose of qualifying for aid. The facts regarding such a transfer must be established by investigation and the nature thereof will vary with the situation. (See Sec. 131-00, Determination of Ownership of Real Property.)

Eligibility is not established in OAS, ANB and APSB if the assessed valuation of all real property in the county of application has not been determined or the two-year property search in the county of application has been requested but no report obtained. A search of the rolls for the current year only does not establish that there was no transfer or assignment of property for the purpose of qualifying for aid.

When there is reason to believe that property may be owned or may have been owned within recent years in another county or state, the assessed valuation of such property shall be verified and a two-year property search shall be requested. Within California this may be done by correspondence with the county welfare department in the county in which the property is located, rather than through the office of the assessor, tax collector, or recorder. To verify the assessed valuation of property located outside the State, correspondence should be directed to the county assessor, or other proper public official, or to the county welfare department.

When the assessed valuation of out-of-county property and the results of a two-year property search are requested and a thirty-day follow-up brings no response, the granting of aid need not be delayed if the applicant or child/children for whom ANC is requested are otherwise eligible provided that:

1. Investigation has revealed no information which suggests that a transfer of property has been made for purpose of qualifying for aid, and
2. Tax bills or receipts in possession of the applicant for the required two-year period reveal no change in real property holdings and establish the current assessed value of the property declared.

The county shall, however, continue effort to secure a report of the assessed valuation and the two-year property search from the proper out-of-county officials.

*135-60 Sec. 135-60 Investigation Required of Transfer of Property Civil Code Secs. 1054, 1055, 1056, OAS; ANB; APSB; ANC 1057, W&IC Secs. 103.5, 103.6, 1560, 2140, 2141, 3075, 3460*

A complete investigation, including the reason for the transfer and the consideration received, shall be made for each transfer occurring after the beginning date of the required property search in which :

1. The value of the property transferred is greater than the maximum set by law;
2. The transfer reduced the value of the total remaining property within the maximum set by law.

The case record shall show full details of such investigation. Determination of the date of delivery of the deed is necessary when title to such property formerly recorded in the name of an applicant or recipient in OAS, ANB, and APSB, parent or parents and/or child or children in ANC, has been recorded in the name of another since the beginning date of the property search. As title passes with delivery of the deed, the important date is the date of delivery rather than the date of recordation.

When delivery of the deed is determined to have been made prior to the beginning date of the property search, it is presumed that the transfer irrespective of the assessed valuation of the property was not made for the purpose of qualifying for aid. When information is obtained tending to refute such presumption, investigation covering whatever period is involved is necessary.

When it is claimed that:

1. A transfer of property of a value greater than the maximum set by law, or
2. The transfer of property which reduced the value of the remaining property within the maximum set by law

ante-dated the property search period, responsibility rests with the applicant or recipient in so far as he is able to give information which will enable the county to determine when delivery of the deed was made, i.e., that title to such property passed to the grantee.

**Sec. 135-40 Real Property Search** WAC Secs. 103.5, 103.6, 1520, 1560, 2141, 2160G, 135-40  
OAS; ANB; APSB; ANC 2164, 2165, 2165A, 2140, 3047, 3075, 3447, 3460

The assessed valuation of all real property shall be verified from the current records of the county assessor or tax collector. This applies to real property located outside the limits of the county in which application is made as well as to property located in the county. (For exceptions to this entire section, see Sec. 131-20, Ownership of Real Property Outside State by Separated Spouse, and Sec. 132-20, Assessed Value of Real Property Outside U. S.)

A property search covering a two-year period prior to application is required in determining eligibility. It serves a double purpose as it establishes the county assessed value of property currently owned and may reveal transfer or assignment of real property. (See Sec. 135-00, Transfer of Real Property to Qualify for Aid.)

The two-year search for the purpose of ascertaining whether any property transfer has been made requires a review of records of the county assessor, tax collector, or recorder since July 1, 1939. This date is advanced automatically one year on July 1 of each succeeding year.

The property search shall be made in the name of the applicant and the applicant's spouse in OAS, ANB, and APSB unless there is proof of the spouse's death, of marriage annulment, or of final decree of divorce. In such event search need be made in applicant's name only. When the couple is separated but a final decree of divorce has not been obtained, the property search in the spouse's name shall be made in the county of application and such other counties wherein the spouse reasonably might be expected to own property.

In ANC the names and localities in which property searches are made will be determined by the facts in each case as revealed by the investigation. Such investigation shall include a follow-up of any statements or information obtained from the applicant regarding the possibility of property ownership through the existence of an estate. If the parent or parents are living, a search always shall be made in their names in the county of application and in any other localities where it is reasonable to believe that property may be owned or may have been owned within recent years. A search in the names of children also shall be made if the investigation reveals any probability of property ownership in their names. When the children are whole orphans, the property search shall be made in the names of the children in the localities suggested by the investigation.

In general, when the applicant in OAS, ANB, or APSB declares that no transfer of property has been made, and when the property listed for the first-year period of the search appears on the rolls for the second year, it may be assumed that no transfer took place. This same assumption applies in ANC to the declaration of the applicant, parent, guardian, or person in loco parentis.

When property listed for the first-year period of the search does not appear on the rolls for the second year, review of the recorder's records is necessary: (1) if the property is assessed at over the maximum established by law, or (2) if the property which is not listed together with other property holdings, would be over the maximum established by law. The recorder's records reveal the terms of the transfer; i. e., for a consideration, as a gift for love and affection, with retention of life estate, etc. Contracts, mortgages, or deeds of trust which have been recorded are also shown on these records and these are important in determining eligibility regarding personal property holdings and income.

The consideration stated in the deed is often nominal and not the true consideration. The exact amount of the consideration cannot be determined from the recorder's records, but the amount of revenue stamps attached to the instrument reveals the consideration within certain limits. A 55¢ revenue stamp (formerly 50¢) is attached for each \$500 of the consideration; e. g., three revenue stamps would indicate a consideration of not more than \$1500.

There is the presumption that a transfer or assignment of property of a value less than the maximum set by law and which does not reduce the total remaining property holdings within the maximum was not made for the purpose of qualifying for aid. In view of this presumption, efforts to secure facts to refute it will not be a required part of the routine property investigation unless facts which otherwise come to attention show intent to qualify for aid or for a greater amount of aid than that to which the applicant would otherwise be entitled. The applicant's sworn statement shall be evidence of his intent. (See Sec. 230-45, Evaluation of Evidence.)

A search of the assessor's and recorder's records for longer than a two-year period is necessary if information secured from the applicant or through other sources indicates that property may have been

**135-72 Sec. 135-72 Transfer of Real Property for Fair Consideration** W&IC Secs. 103.5, 103.6, 1560, 2141  
OAS; ANB; APSB; ANC 2007.5, 2160G, 3075, 3460

A transfer of real property which results from a sale in which the grantor receives a reasonably adequate sum of money and/or securities in return for his equity in the property does not result in ineligibility. Likewise a transfer made to satisfy an existing debt or obligation in an amount which represents a reasonably adequate consideration for the grantor's equity does not result in ineligibility. (See Sec. 135-85, Transfer of Real Property to Satisfy Debt.)

A fair consideration does not necessarily imply full reimbursement for all funds expended on the property transferred. Changing property values often result in receipt of less than the investment. A reasonable estimate of the equity may be obtained by deducting the amount of indebtedness against the property from the current market value. Persons who know local real estate values, such as local bankers or licensed real estate brokers, may be consulted for such an estimate.

**135-75 Sec. 135-75 Transfer of Real Property When Foreclosure Imminent** W&IC Secs. 103.5, 103.6,  
OAS; ANB; APSB; ANC 1560, 2141, 2160G, 3075, 3460

Transfer or assignment of real property when foreclosure is threatened, or when it is clear that such property cannot be retained, is not held to be for the purpose of qualifying for aid, unless there is evidence of collusion. If notice of foreclosure has been given, the giving of a quitclaim deed to the mortgagor would not necessarily be a disqualifying factor. This applies regardless of the value of the property.

When there is evidence that a grantor was unable to refinance the property due to the necessity for payment of a substantial sum on the principal or because of his advancing years and diminishing ability to repay, the transfer may be held to involve property in which foreclosure was imminent.

When property of a value greater than the maximum set by law is transferred because of imminence of foreclosure, the possibility of the grantor receiving cash or its equivalent such as free rent in return for any equity he may have had in the property shall be explored. This applies also when a transfer has reduced the value of the remaining property within the maximum set by law.

**135-80 Sec. 135-80 Transfer of Real Property with Reservation of Life Estate Interest** W&IC Secs. 103.5,  
OAS; ANB; APSB; ANC 103.6, 1560, 2007.5, 2141, 3075, 2140, 3460

The transfer of title to real property with reservation of the full privileges and responsibilities of life estate is not interpreted as a voluntary assignment or transfer of property for the purpose of qualifying for aid. (See Glossary re responsibility and privileges of life tenants, and Sec. 131-15, Ownership of Combined and Community Real Property.)

It is the presumption, which may be refuted, that a life estate agreement drawn more than two years prior to the application for aid stipulating that the remainderman shall be responsible for the payment of taxes, or for encumbrances which were not placed upon the property by him, was not made for the purpose of qualifying the recipient for a greater amount of aid than that to which he would otherwise be eligible. When it is established that the property was encumbered by the remainderman, either before or after the execution of the agreement creating the life estate and the agreement stipulates that the remainderman is responsible for payment of such encumbrance, payment made by the remainderman on such encumbrance does not represent income to the recipient.

There must be written evidence of life estate. Such evidence may appear in the body of the deed which is executed and delivered to the remainderman or may be evidenced by a separate written agreement between the parties, wherein the remainderman conveys a life estate to another and retains the remainder for himself. In order for the evidence to be complete and acceptable, such an agreement must be recorded.

**Sec. 135-70 Determination of Reason for Voluntary Transfer of Property W&IC Secs. 103.5, 135-70  
OAS; ANB; APSB; ANC 103.6, 1520, 1560, 2140, 2141, 2160G, 2164, 2165, 3047, 3075, 3447,**

3460

Since transfer of property to qualify for aid involves the determination of intent, it is difficult to formulate rules and regulations applicable in all cases. Decision on eligibility in cases where a transfer of property has occurred may be more difficult than when other more objective factors of eligibility are considered.

The acts of the grantor and/or the facts and circumstances surrounding (1) a transfer of property of a value greater than the maximum set by law, or (2) a transfer which reduced the value of the remaining property within the maximum set by law shall be examined and weighed. If they support the grantor's statement that there was no intent to qualify for aid and the desired objective of the grantor could not have been realized without depriving himself of the use, enjoyment, and income from the property, aid shall be approved if other eligibility requirements are met. Otherwise, aid shall be denied.

Among the factors to be taken into consideration when the value of the property transferred is greater than the maximum set by law, or the transfer reduced the value of the remaining property within the maximum set by law are:

1. Date of the transfer;
2. Consideration received (See Sec. 135-72, Transfer of Real Property for Fair Consideration);
3. Value of the property, including the amount of any mortgage, delinquent taxes, or other assessments and encumbrances which affect the value of grantor's equity;
4. Reason for the transfer;
5. Amount of income derived from the property;
6. Physical ability of the grantor to continue the operation that produced the income; efforts toward lease or sale of property in the event of inability to continue its operation;
7. Person in receipt of the income prior and subsequent to the transfer;
8. Threat of foreclosure, if any;
9. Ability of grantor to meet mortgage or assessment payments.

Example A: The transfer of property of a value greater than the maximum set by law, without consideration, involved farm or other income-producing property and was said to have been made because of grantor's inability to operate the property due to advanced years or physical impairment. Upon a showing that a reasonable effort to sell the property has been unsuccessful, that the property could not be leased, or other arrangements to give the grantor the use, enjoyment, and benefits of the resource or its equivalent were not feasible, the transfer is determined not to have been made for the purpose of qualifying for aid or for a greater amount of aid.

Example B: The transfer of property which reduced the value of the remaining property within the maximum set by law involved property in which there was no immediate danger of foreclosure but there was inability on the part of the grantor to meet current taxes, assessments, or upkeep expenses which, if permitted to become delinquent, would jeopardize the grantor's equity. Upon a showing that a reasonable effort to sell all or a portion of the property had been unsuccessful, or that adequate income to meet the current cost of taxes, assessments, upkeep, etc., could not be realized from it and that no arrangement to give the grantor the equivalent of the value of occupancy was feasible, the transfer is not considered as having been made for the purpose of qualifying for aid.

**138-00 Sec. 138-00 Excess Assets in Real Property** W&IC Secs. 103.5, 103.6, 1560, 1520, 1506, 2141, OAS; ANB; APSB; ANC 2222, 2164, 2165, 2165A, 3006, 3047, 3075, 3405, 3447, 3460

If at any time recipient becomes possessed of real property in excess of the amount allowed, recipient shall immediately notify county of acquisition of such real property. Aid shall be immediately discontinued and an effort made to secure restitution if payment of aid was made during a period when recipient was ineligible.

In OAS, this applies also to property received by the spouse of the recipient (for exception see Sec. 131-20, Ownership of Real Property Outside State by Separated Spouse).

In ANC, it applies only to property received by the parent or parents and/or the child or children.

In ANB and APSB, it applies only to the recipient of aid.

**138-10 Sec. 138-10 Excess Assets in Real Property Discovered at Death** W&IC Secs. 2223  
OAS Probate Code Sec. 700

If upon the death of a recipient of aid, it is found that he had property or income, in excess of that allowed, which had not been disclosed to the county, double the amount of excess aid paid him may be recovered by the SDSW.

When this situation arises, the county shall at once send a full report to the SDSW who in turn shall initiate the proper action for double recovery from the estate.

Excess assets may be discovered through reports from private individuals, a search of probate records, or county officials such as the public administrator, auditor, district attorney, etc.

If recovery of excess aid is to be made, claims against an estate must be filed within six months of date of publication of notice to creditors.

**139-00 Sec. 139-00 Liens on Real Property** W&IC Secs. 103.5, 103.6, 1560, 2141, 2225, 3075, 3460  
OAS; ANB; APSB; ANC

Aid granted under the provisions of the OAS, ANB, APSB or ANC Laws shall not constitute a lien upon any property. In ANC this also applies to aid granted under the act in excess of \$22.50 per child.

When a lien, deed or mortgage is taken to secure GR reimbursement, it shall be so worded as to obtain satisfaction for GR alone.

**139-15 Sec. 139-15 Liens and Quiet Title Actions** W&IC Secs. 2227, 2228, 2230  
OAS

In any case in which the board of supervisors or the SDSW has authorized or has purported to authorize the release of any lien created, or to convey any title acquired under provisions of Chapter 530, of the Statutes of 1929, and in any case in which a mortgage, deed of trust or other lien upon the property affected thereby, has been foreclosed, any person interested in the property which was or might have been affected by said lien, may bring an action against the county and State of California to have determined the validity of any such release and to quiet title against the county and the State. The county and the State of California may be named as parties defendant in any action brought to foreclose any mortgage, deed of trust, or other lien existing upon the property affected by any such lien and in any action affecting the title to said property and the county and the State shall be bound by a judgment rendered in such action in the same manner as other lien claimants and defendants. In any action authorized by section 2230 of the W. & I. Code, service of process shall be made upon the chairman of the board of supervisors for the county and upon the Director of the SDSW for the State.

**Sec. 135-85 Transfer of Real Property to Satisfy Debt** *Civ. Code Secs. 197, 206, 210, 211, 135-85  
W&IC Secs. 103.5, 103.6, 1560, 2160G, 2140, 2141, 3075, 3460  
OAS; ANB; APSB; ANC 212,*

When satisfaction of a debt is given as the reason for a transfer of property of a value greater than the maximum set by law, existence of the obligation and its amount shall be verified. This applies also when as a result of a transfer the value of the remaining property is within the maximum set by law. Eligibility is not impaired if there was an existing bona fide debt in an amount which represented a reasonably adequate consideration for the grantor's equity in the property. Evidence which may be considered in proving the existence of an obligation includes promissory notes, received bills, records of payments on account or bank books, affidavits of creditors or other responsible persons, etc.

*Civ. Code  
Secs.  
196, 196A  
200*

Due to the mutual obligation existing between parent and child, support given by one to the other is not held to represent a valid debt unless there is evidence that the child became indebted in order to render the assistance or that the assistance given otherwise resulted in undue hardship on him or his immediate family.

Complete information shall be secured regarding any loan from a legally responsible relative for which transfer of property was intended as repayment when the property involved is pertinent to eligibility status. The following questions suggest the type of information to be secured when investigating such a transfer of property to a relative in satisfaction of a past obligation:

1. Had the responsible relative reached his majority at the time the purported loan was made? (If the relative was a minor, there is the possibility that his earnings and services were legally the property of his parent.)
2. Were the resources of the responsible relative when the purported loan was made such that he might reasonably have advanced the sum in question?
3. If the child himself became indebted in order to negotiate the loan, is there evidence to establish this fact?
4. Was the debt declared during the investigation of the application for aid?
5. Are there other persons having intimate knowledge of the transaction who will make affidavit thereto including the facts on which their knowledge is based?
6. Are there received bills, cancelled checks, letters, etc., supporting the statement that the obligation exists?

The foregoing questions are not intended to be all inclusive as the investigation to be made will be governed by the circumstances in the specific case. They are merely designed to exemplify the type of information which should be evaluated when considering the validity of the debt to a responsible relative.

Transfer of title to property of a value greater than the maximum set by law because of the grantor's belief that an obligation exists, either to a relative or a friend, for past service or assistance rendered, there being no recognition or evidence of a bona fide debt results in ineligibility. This applies also when a transfer reduces the value of the remaining property within the maximum set by law.

**Sec. 135-90 Discovery After Aid Granted of Transfer of Real Property** *W&IC Secs. 1506, 2222, 135-90  
OAS; ANB; APSB; ANC 3006, 3405*

Sometimes a transfer of property is discovered which was not declared either at the time of application or later and which was not found during the original investigation. Eligibility shall be redetermined in the light of the new information. Any excess aid received is considered as a debt to the State and county, and is subject to recovery from assets the recipient may have other than the grant of aid. Action may be brought to secure restitution.

**Sec. 136-00 Notice of Intention to Aid in Transfer of Real Property** *W&IC Secs. 2007  
OAS*

136-00

Any person, who, knowing that the owner of the property is an applicant, aids or abets in buying or in any way disposing of the property of an applicant shall give 15 days' notice of the intention to make the transfer, to the board of supervisors by serving upon the chairman of the board a declaration in writing setting forth the name of the owner of the property, the fact that he is an applicant, a description of the property sufficient to enable it to be identified with reasonable certainty, and the time and place where the contemplated transaction will be completed. Failure to give such notice constitutes a misdemeanor.

**Sec. 136-10 Recipients' Responsibility in Transferring Property** *W&IC Secs. 103.5, 103.6,  
1500, 2141, 2222, 3075, 3460  
OAS; ANB; APSB; ANC*

136-10

It is the responsibility of recipients of OAS, ANB, APSB, and ANC to keep the county informed regarding all changes in their financial situation. It is expected that any contemplated disposal or acquisition of property will be brought to the attention of the county at once. The county is then in a position to determine the effect, if any, of the transfer upon eligibility for continued aid.

146-05| Sec. 146-05 Judgments and Compensation as Personal Property      W&IC Secs. 103, 103.5, 103.6,  
OAS; ANB; APSB; ANC      1560, 2140, 2141, 3075, 3460

A lump sum received in payment of a judgment or as the result of compensation laws represents personal property. The amount received shall be ascertained and when the personal property holdings including the lump sum do not exceed the maximum for the particular category of aid, there is no occasion for interruption of aid.

When weekly or other periodic payments are received as benefits under the provisions of compensation laws, such payments represent income rather than personal property.

When there has been an execution of a judgment, the amounts derived from such execution are considered personal property.

The value of a judgment which has not been executed shall be considered in determining eligibility under personal property requirements of the respective category of aid. When the judgment is against a solvent corporation, the value of the judgment shall be considered equal to the amount of the judgment. When the judgment is against some one other than a solvent corporation, the county shall determine the ability of the judgment debtor to pay after a complete financial investigation, e.g., a credit report, has been secured on the judgment debtor. Determination of ability to pay rests within the discretion of the county.

When the judgment debtor or his property cannot be located, the judgment can not be executed; or the judgment creditor has the judgment vacated, the value of the judgment shall not be considered in determining eligibility.

A cash settlement accepted in lieu of a judgment is considered personal property.

**Sec. 145-10 Personal Property Acquired by Inheritance**

Prob. C. Sec. 300

145-10

**OAS; ANB; APSB; ANC**

The value of personal property acquired through inheritance shall be taken into account together with the value of other personal property holdings in determining eligibility in accordance with the provisions of the respective category of aid. (See Sec. 144-10, Determination of Personal Property Value of Undistributed Estates.)

**Sec. 146-00 Conversion of Property**W&IC Secs. 103, 103.5, 103.6; 1560, 2140; 2141,  
3075, 3460

146-00

**OAS; ANB; APSB; ANC**

Real property may be converted to personal property, and vice versa, without causing ineligibility provided the real or personal property received together with other real or personal property holdings are not in excess of the maximum permitted by the respective category of aid. Aid shall be discontinued when the total holdings exceed the maximum permitted. (See Sec. 134-10, Real Property Sold by Recipient, and Sec. 134-15, Acquisition of Real Property by Exchange.)

Personal property of one type may be converted into personal property of another type, and eligibility continue, so long as the value of personal property holdings does not exceed the maximum for the particular category of aid, e.g., the exchange of stocks and bonds for cash, or in OAS, ANB, and APSB the exchange of equipment for a car and vice versa.

Real property is not converted into personal property unless title passes to the new owner. Real property sold under a contract of sale is not a conversion to personal property.

Indemnity payments for land taken over by the Government through exercise of the right of eminent domain constitute conversion of property from real to personal.

Lump sums received from the maturing of life insurance policies, or surrender of them for their cash value, represent personal property to the insured.

Payment received for Indian allotments sold by the U. S. Government upon the petition of the Indian for whom the property is held in trust, represents a conversion of property.

**146-15 Sec. 146-15 Property in Escrow** W&IC Secs. 103, 103.5, 103.6, 1521, 1560, 2140, 2141, 2163  
OAS; ANB; APSB; ANC 3047, 3075, 3447, 3460

Funds placed in escrow by the owner or held in an escrow account at the owner's request represent his personal property. Funds placed in escrow by purchaser of real property pending actual conveyance of the property to him are personal property of the buyer but not of the seller until after the transaction has been completed. When all conditions of the sale have been met and title to the real property has passed to the buyer, personal property in the escrow account becomes the property of the seller and shall be considered in determining his eligibility for aid. (See Sec. 132-58, Real Property Held in Escrow.) The fact that the seller may have instructed the escrow agent to withhold the funds is not a basis for eliminating them from consideration in determining his personal property holdings.

**147-00 Sec. 147-00 Excess Assets in Personal Property** W&IC Secs. 103, 103.5, 103.6, 1521, 1560  
OAS; ANB; APSB; ANC 2007, 1506, 2140, 2141, 2163, 2222, 3006, 3047,  
3075, 3405 3447, 346

If at any time a recipient in OAS, ANB, and APSB, child or children and/or parent or parents in ANC, become possessed of personal property in excess of the amount allowed for the particular category of aid, recipient shall notify the county immediately. County shall redetermine eligibility on the basis of present holdings. Effort shall be made to secure repayment of any aid received during a period of ineligibility. (For limitation on assets in ANB when there is no rehabilitation plan, see Sec. 142-05, Limitations on Personal Property.)

**147-05 Sec. 147-05 Excess Assets in Personal Property Discovered After Death** W&IC Sec. 223  
OAS

The provisions relating to excess assets in real property discovered at death set forth in Sec. 138-10, Excess Assets in Real Property Discovered at Death, apply equally in personal property.

**Sec. 146-10 Transfer or Assignment of Personal Property** W&IC Secs. 103, 103.5, 103.6, 1521<sup>146</sup>, 1560,  
OAS; ANB; APSB; ANC 1506, 2007, 2140, 2141, 2163, 2160G, 2007.5, 3006, 3047, 3075, 3405

A voluntary transfer or assignment of personal property for purpose of qualifying for aid results in ineligibility for aid. Such transfers may include:

1. A transfer of personal property of a value greater than the maximum set by law.
2. A transfer which reduces the value of the remaining holdings within the maximum set by law.
3. A transfer of income property when there is an affirmative showing that the transfer of such income property was intended by the grantor to qualify him for a greater amount of aid.

The circumstances surrounding a transfer or assignment of personal property falling within any one of the above classifications shall be fully investigated and considered on the basis of the facts in the individual case. General factors to be considered are:

1. The date of transfer in relation to the date of application for aid;
2. The purpose of the transfer (adequacy of consideration received is a fact to be considered in determining motives);
3. Who collects the income, if any, from the property (the title may rest with another for purposes of protection, but the original owner may still be receiving all the benefits accruing from the property);
4. The value of the personal property transferred;
5. The value of the remaining personal property.

When a gift of personal property is made under an agreement that the donee will provide full support for the donor for the remainder of his life, such donor is ineligible unless there is evidence that such life care contract is not enforceable.

The provisions of Sec. 135-85, Transfer of Real Property to Satisfy Debt, Sec. 136-00, Notice of Intention to Aid in Transfer of Real Property, Sec. 135-72, Transfer of Real Property for Fair Consideration, Sec. 135-25, Duration of Ineligibility Due to Transfer of Property, and Sec. 136-10, Recipients' Responsibility in Transferring Property, apply likewise to personal property.

A transfer or assignment of personal property of a value less than the maximum set by law shall not render a person ineligible unless there is an affirmative showing that the transfer or assignment was for the purpose of qualifying for aid. There is the presumption that such a transfer or assignment was not made for the purpose of qualifying for aid, which presumption may only be refuted by factual evidence of intent, which establishes beyond a reasonable doubt that the transfer was made for the purpose of qualifying for aid.

A transfer or assignment of income-producing personal property of a value less than the maximum set by law shall not render a person ineligible for aid, provided the net income from such property does not exceed the maximum grant provided by the law unless there is an affirmative showing that the transfer or assignment of such income-producing property was intended by the grantor to qualify him for a greater amount of aid than that to which he would otherwise be entitled. In arriving at the net income from such property, the following shall be taken into consideration:

Interest payments  
Insurance  
Taxes  
Assessments  
All other necessary charges and expenses of every kind

When there is a change in residence, the first county shall expedite investigation in the second county by placing at its disposal the information gained in its investigation.

If aid is granted by the board of supervisors before prior change of residence is discovered, the first county may continue aid until the earliest date agreeable to both counties, at which time the second county grants aid on a non-county basis until the required period of residence is completed.

**233-00 Sec. 233-00 Verification of Real and Personal Property** W&IC Secs. 1520, 1521, 2163, 2164, 2165,  
OAS; ANB; APSB; ANC 2165a, 3047, 3447

Real and personal property shall be verified through the sources indicated and in the manner outlined for the various types of real and personal property. (See Chapters 130-00, Real Property, and 140-00, Personal Property.)

Verifications obtained shall be retained or reported in the county record. The report of interviews or of examination of documents shall include the source of verification, the findings, and the dates of steps in the investigation. The name or names of those participating in the investigation should be recorded and the signature or initials of the person searching the records should be on any special forms.

The county case record shall contain a complete explanation of any complicated situation regarding the property. If a transfer has been made, but not for the purpose of qualifying for aid, record the assessed value and the income, if any, in the record. If the investigation shows that:

1. A transfer of property of a value greater than the maximum set by law, or
2. A transfer of property which reduces the value of remaining property within the maximum was made, but it was one which was not for the purpose of qualifying for aid, the facts which resulted in this conclusion shall be included in the case record.

**233-25 Sec. 233-25 Verification of Income** W&IC Secs. 1523, 2020, 3084, 3472  
OAS; ANB; APSB; ANC

All income received by an applicant for OAS, ANB, APSB, and in ANC by parent and/or children shall be verified and the net income determined. In OAS, ANB, and APSB, the case history shall show the methods used in verifying the gross income and in computing the net income, indicating those items which were deducted from the gross income in determining the net income. In ANC, the budget for the family unit shall show how the net income was determined.

The method of verification varies with the type of income. Ordinarily, income should be verified through the most direct source, such as employer, tenant, bank, etc. When employment is irregular and performed for different employers, or when the applicant operates his own business, his own record of his income and/or disbursements may be the only source of verification. He may have in his possession documents which substantiate his statements.

**233-50 Sec. 233-50 Verification of Plan for Self-Support** W&IC Secs. 114, 3047, 3075, 3473  
ANB; APSB

To determine whether an applicant for or recipient of APSB is able to secure and willing to use resources and income he is permitted to retain for the purpose of achieving self-support, and whether an applicant for or recipient of ANB, who owns cash and securities in excess of \$500, has a plan for rehabilitation, the following criteria should be applied:

1. He has a reasonably adequate plan which may lead to self-support.
2. He evinces a sincere and sustained effort to further that plan.

The amount of money earned by an applicant or recipient is not a criterion in determining adequacy of the plan if the foregoing qualifications are met.

The county shall discuss with the applicant or recipient his plan for achieving self-support. The plan should be evaluated with the participation of the applicant or recipient, giving consideration to

worker covering the same information shall be obtained. If the child has been committed to the care and custody of a person other than the probation officer, the same evidence verifying that person's residence shall be obtained as is required above for the parent or guardian.

- d. When a child's residence is determined by his physical presence (see Sec. 122-10), Section B of Form CA 204 should be completed verifying the exact date of child's last arrival in county of application and his continuous physical presence since last arrival. This may also be verified by public records such as those of institutions, hospitals, welfare departments, etc. Information taken from such records may be summarized on Form CA 203.
- e. When a child's residence is governed by the court's action declaring him permanently free from the custody and control of his parents, verification shall be obtained of the date on which child was declared permanently free from the custody and control of his parents and the county in which the court order was issued.

**Sec. 232-25 Affidavit of County Residence**

W&amp;IC Secs. 114, 1512, 1525, 1526

232-25

ANC

Section A of Affidavit of County Residence (Form CA 204) establishes intent of the person determining child's residence and also reports his residence during the year immediately preceding the date residence was established in the county of application. If there have been changes in county of residence within the year covered by this report, it is essential that the person's intent as to residence at the time each change was made be shown under the appropriate heading. If the person determining residence for the child formerly resided in the present county of application, Form CA 204 shall clearly establish that such former residence was lost in order to prove eligibility to non-county aid.

Section B of Form CA 204 is used when the child's residence is determined by physical presence, except when such physical presence is verified through continuous public records.

**Sec. 232-27 Statement Re Non-County Residence**

W&amp;IC Secs. 114, 1512, 1525, 1526

232-27

ANC

Statement Re Non-County Residence (Form CA 234) is used to report the county's investigation of the basis for determining the child's residence at the time of application and during the year immediately preceding the date residence began in county of application. This form is required for every application submitted on a non-county basis. One Form CA 234 may be used for all children in one family whose residence is determined by the same set of facts (e.g., residence of parent or guardian, same period of physical residence, etc.) Form CA 234 shall show each change in the basis for determining residence even though the county of residence remains the same. Under "Reason," Item 2, the reason why the appropriate subdivision of Sec. 1526 of the W. & I. C. governs residence shall be indicated.

**Sec. 232-40 Change of County Residence Prior to Granting of Aid**

232-40

OAS; ANB; APSB; ANC W&amp;IC Secs. 114, 1525, 1526, 2160 (c&amp;d), 3040, 3041, 3043

An applicant for OAS, ANB, or APSB, or a child in whose behalf an application has been filed, whose residence is changed to a second county before the board of supervisors acts on the application, ceases to be the responsibility of the first county. Transfer procedure is not applicable and shall not be followed, as such a case is not covered by transfer provisions of the law. The application shall be denied by the first county and a new application shall be received in the second county. In each case of removal to a second county, before an application is denied in the first county it shall be determined whether the applicant or person determining the child's residence has established another residence by union of act and intent, or is absent for a temporary period with intent to retain residence in the county of application. (See Sec. 124-10, Absence from County for Temporary or Specific Purpose.)

The county should explain to the applicant the procedure which is followed should he change his residence while the investigation is being completed and the possible delay in the granting of aid which may result from such removal.

*Conditions of eligibility***9. Real Property of Applicant and Spouse (W. & I. C. 2165)**

The total assessed valuation of all real property owned by either and/or both of the couple, as verified, shall be entered here. If the applicant is single, widowed, or divorced, so state and enter: "Does Not Apply." (See Chapter 130-00, Real Property.)

**10. Income (W. & I. C. Sec. 2020)**

The sources and amounts of net income shall be listed, and the total shown.

**11. Need**

The answer is "Yes" if aid is granted.

**12. Need in Excess of \$40 (W. & I. C. Sec. 2020)**

Indicate by entering "Yes" or "No", whether the verification of the applicant's needs shows them to be in excess of \$40.

**13. Recommendation of County Investigator (W. & I. C. Sec. 2181)**—The amount of aid recommended shall be in accordance with the OAS law and shall be based on net income, computed according to rulings set forth by the SDSW.

**14. Signature of County Investigator**—The certificate should be signed and dated by the county public assistance worker who makes the recommendation that aid be granted. The signature may be either the original or a facsimile.

**15. Signature of Case Supervisor or Director**—The certificate should be signed and dated by the public assistance supervisor or county welfare director. The signature may be either the original or a facsimile.

**16. Action by the Board of Supervisors**—Name of the county, date of the action, amount of aid granted, and the date of beginning aid shall be shown.

**17. Signature of County Clerk or Deputy**—The certificate shall be signed by the county clerk or deputy, or chairman of the board of supervisors. The signature may be either the original signature or a facsimile.

*How verified*

A report of the property search, together with the location of the evidence, shall be recorded. Reference to correspondence is added when ownership of property outside the County has been verified.

Example: Search of current assessor's records, report on file. Letter from Alameda County Assessor in file.

Record: (1) The nature of the verifications, (2) the date thereof, and (3) location of evidence.

Example: Wage report 8/15/42 in co. file; son John's Ag 225 7/31/42 in co. file.

Verification of need is shown in the county record and reported here by reference to the Report of Investigation, (Form Ag 202) on file.

Example: Completed Form Ag 202 on file.

Record: (1) the particular need which brings total needs in excess of \$40, (2) the verification which establishes the need as excess need, and (3) how the amount of excess need was verified.

Example: Medicine \$5. Need for medicine verified by licensed physician, cost verified by druggist. Verification in Co. file.

*Conditions of eligibility***5. Support from Relatives** (W. & I. C. Sec. 2160 (f))

Insert "No" if relatives are not meeting the applicant's needs, otherwise, insert "Yes."

If "Yes" is entered, ineligibility is indicated. (See Chapter 170-00, Relatives.)

*How verified*

If applicant is single or there are no responsible relatives, indicate none.

Example: Single—Form Ag 200 on file.

If the spouse is receiving or is an applicant for aid, a reference to this fact is recorded.

Example: Spouse, applicant for OAS—Form Ag 200 on file. Forms Ag 225 on file, 2 sons; statement requested from daughter.

**6. Assignment of Property** (W. & I. C. Sec. 2160 (g))

If no transfer of either real or personal property was made for the purpose of qualifying for aid, enter "No." If the facts determine that a transfer was made to qualify for aid, ineligibility is indicated. (See Chapter 130-00, Real Property, and Chapter 140-00, Personal Property.)

Record: (1) Period covered by the property search, and (2) where the evidence may be reviewed.

Example: Assessor's records searched for 1940 and 1941, report in file.

(If the investigation shows that a transfer of property of a value greater than the maximum set by law or of property which reduces the value of remaining property within the maximum was made but it was one which was not in violation of W. & I. C. Sec. 2160 (g), the facts which resulted in this conclusion shall be included in the case record.)

**7. Personal Property** (W. & I. C. Sec. 2163)

The total verified market value of personal property is entered in the first space, and the amount of cash which is included in that total is entered in the second space. If investigation indicates there is no personal property, state "None." This item refers to the applicant only and includes the applicant's share of community personal property, and the amount of any separate personal property which he may possess. The spouse's share of community personal property and any separate personal property owned by him is not included as it is not a consideration in determining the applicant's eligibility from point of view of personal property. (See Chapter 140-00, Personal Property.)

Record: (1) the method, (2) date of verification of the market value of each type of personal property possessed by the applicant, (3) location of evidence.

Example: Letters from Dunn & Bradstreet 4/5/42, Bank of Am. 4/7/42; on file.

If the applicant declares he has no personal property, the investigation discloses none, and the applicant's signed consent authorizing investigation (Form Ag 228) is on file, record: Declared none; signed Form Ag 228 on file.

**8. Real Property of Applicant** (W. & I. C. Sec. 2164)

This item refers to all real property owned by a single or widowed applicant or one who has a final decree of divorce. The total assessed valuation of the real property owned as verified shall be entered. If the applicant is married, so state and enter "Does not apply." (See Chapter 130-00, Real Property.)

A report of the property search, together with the location of the evidence, shall be recorded. Reference to correspondence is added when ownership of property outside the county has been verified.

Example: Search of current Assessor's record; report on file. Letter Alameda Co. Assessor in file.

*Eligibility Requirements***D. Income (ANB)**

Itemize net income to applicant, showing source and amount, as verified.

If applicant declares no income and investigation verifies this statement, record "None".

**D. Income (APSB)****1. Exempt Sources:**

Record amount of net income opposite the source from which it is obtained and show total net income from all exempt sources.

**2. Non-Exempt Sources:**

Record amount of income received by applicant as regular contributions from responsible relatives and from other non-exempt sources.

If applicant declares no income and investigation reveals none, record "None".

**E. Need in Excess of \$50 Per Month (ANB)**

If applicant's need is in excess of \$50 per month, record amount of the additional need, as verified.

**Responsible Relatives (ANB; APSB)**

If responsible relatives are not in fact contributing \$50 per month, or in ANB if applicant's need is in excess of \$50 a month and responsible relatives are not contributing an amount sufficient to meet the verified need, record "No". (See Sec. 170-10, Relatives, ANB and APSB Laws; Sec. 172-05, Investigation of Responsible Relatives Within State; and Sec. 172-15, Determination Regarding Contributions from Out-of-State Responsible Relatives.)

**Rehabilitation (ANB)**

Record "Yes" or "No", as verified. (See Sec. 233-50, Verification of Plan for Self-Support; and See. 142-05, Limitations on Personal Property.)

*Proof of Eligibility***D. Record method of verification, date, and location of evidence.**

Example: "Tenant interviewed 4/15/42; son John gives \$5 cash, Form Bl 225 4/10/42 in co. file; appl's share mtg. payments \$3 per mo. per letter Bldg. and Loan Ass'n 4/2/42 in county file, net occupancy value of home \$2. Report in co. file."

Example: "Appl. has no income; report of investigation 4/29/42 in county file."

**D. Record method of verification, date, and location of evidence.**

Example: "Books of acct. inspected by worker on 4/15/42. Report in county file. Letters Bank of America 4/16/42, Pac. Gas & Elec. 4/17/42 and State Comp. Ins. Fund 5/2/42 in county file."

Example: "Est. value room and util. provided by son John \$9 per mo. Form Bl 225 4/14/42 in co. file; dau. Mary pays ins. prem. \$1 per mo. letter Met. Ins. Co. 5/2/42 in county file."

Example: "Appl. has no income, report of investigation 4/29/42 in county file."

**E. Explain need in excess of \$50 per month, showing method of verification, date, and location of evidence.**

Example: "Need for medicine \$3 and doctor's care \$4 per mo. Letter Dr. Ernest Bailey 4/16/42 in county file. Interview with druggist 4/18/42. Report in co. file."

Record nature, date and location of evidence.

Example: "Letter to dau. Mary Smith 4/2/42 returned unclaimed; contact made with all other legally resp. relatives. Forms Bl 225 or report of interviews in county file."

Record method of verification, date, and location of evidence.

Example: "Interview with appl. at his vending stand 4/6/42, letter from Bureau of Rehab. 4/17/42 in county file; Form Bl 25 dated 4/6/42 submitted herewith, copy in co. file."

Example: "Not possible at present due to health; interview with appl. 4/16/42; report in co. file."

Example (if answer is "Does not apply"): See Item 7e.

*Eligibility Requirements***Property Assignment (ANB; APSB)**

- A. If no transfer has been made, record "No". If a recent transfer has been made, but not for the purpose of qualifying for aid, record "No" and record the assessed value and the income, if any, in the county case record. (See Secs. 135-00, Transfer of Real Property to Qualify for Aid; 135-70, Determination of Reason for Voluntary Transfer of Property; 135-40, Real Property Search; 146-10, Transfer or Assignment of Personal Property; 135-60, Investigation Required of Transfer of Property; 135-75, Transfer of Real Property When Foreclosure Imminent; and 135-85, Transfer of Real Property to Satisfy Debt.)
- B. If there has been an assignment of property, record date of assignment, as verified.

**Need (ANB; APSB)****A. Real Property (ANB; APSB)**

Record the assessed value of applicant's real property, as verified. (See Sec. 135-40, Real Property Search.)

Record the amount of encumbrance against such real property, as verified. (See Sec. 132-03, Encumbrances of Record Deducted from Assessed Value of Real Property.)

If investigation verifies applicant owns no real property, record "None".

**B. Personal Property (ANB; APSB)**

Record county assessed value of applicant's personal property, as verified. (See Sec. 141-00, Types of Personal Property; Sec. 141-15, Determination of Ownership of Personal Property; and Sec. 140-10, Personal Property.)

Record the amount of encumbrance against applicant's personal property, as verified. (See Sec. 143-15, Encumbrances on Personal Property.)

If verified by investigation that applicant owns no personal property, record "None".

**C. Cash and Securities (ANB; APSB)**

Record amount of cash value of various securities and cash surrender value of non-exempt insurance owned by applicant, as verified, and show total amount. (See Sec. 142-05, Limitation on Personal Property.) If applicant has no cash or securities, record "None."

*Proof of Eligibility*

- A. and B. Record method of verification, date, and location of evidence.

Example: Assessor's records searched for 1940 and 1941, report in file. (If the investigation shows that a transfer of property of a value greater than the maximum set by law or of property which reduced the remaining property within the maximum was made, but it was one which was not for the purpose of qualifying for aid, the facts which resulted in this conclusion shall be included in the case record.)

- A. Record method of verification, date, and location of evidence.

Example (if real and personal property holdings clearly less than \$3000): "Assessor's rec. searched 1939-41; letter Bldg. & Loan Co. 4/2/42 and report in county file."

Example (if property holdings approach \$3000 limitation): "Assessor's rec. searched 1939-41; recorder's rec. searched 4/14/42. Report in county file."

Example: "Assessor's rec. searched 1939-41. Trust deed inspected 4/14/42 bears stamp of recorder's office report in co. file."

Example (if answer is none): "Search of Assessor's rec. 1939-41; report in county file."

- B. Record method of verification, date, and location of evidence.

Example (if real and personal property holdings clearly less than \$3000): "Assessor's rec. searched 1939-41. Bank of America, holding chattel mtg., interviewed 4/16/42; report in county file."

Example (if property holdings approach \$3000 limitation): "Assessor's rec. searched 1939-41; Recorder's rec. searched 4/14/42. Report in co. file."

Example: "Assessor's rec. searched 1939-41; chattel mtg. inspected 4/14/42 bears stamp of recorder's office. Report in co. file."

Example (if answer is none): "Search of assessor's records 1939-41; report in county file."

- C. Record method of verification, date and location of evidence.

Example: "Letters in Co. file Bank of America 4/16/42, Dunn and Bradstreet 4/20/42, Bldg. and Loan Co. 4/22/42; exam. of ins. policies by county worker; report in county file."

Example: "Appl. declares none. Form Bl. 228 signed 4/7/42 in county file."

MAIN OFFICE  
SACRAMENTO  
616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BLDG.  
311 SOUTH SPRING ST.

SAN FRANCISCO OFFICE  
DAVID HEWES BLDG.  
995 MARKET STREET

EARL WARREN  
GOVERNOR  
STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

MISS MARTHA A. CHICKERING  
DIRECTOR

January 15, 1943

WILFORD H. HOWARD  
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HIGHWAY SOUTH  
SANTA ROSA  
  
BEN KOENIG  
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LOS ANGELES

SOCIAL WELFARE BOARD  
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SALINAS

JOHN C. CUNEO  
922 J. STREET  
MODESTO

1297

MANUAL LETTER NO. 31.

You receive herewith an addition to the Chapter on Statistical Procedures. This material is to be entered in your copy of the Manual of Policies and Procedures.

Your attention is directed particularly to the following:

Form GR 237, Monthly Statistical Report on General Relief, is reproduced and the instructions given for the preparation of same. Chief changes between the former Indigent Form No. 1 and the new Form GR 237 are as follows:

1. The classification of reopened cases according to whether the case was last closed prior to the fiscal year or within the fiscal year is no longer required.
2. The classification of cases closed according to the reason for discontinuing relief has been revised. For the most part this revision consisted in the combination the less frequent reasons into broader groupings and the addition of one new reason, "Lapse of Contact."
3. In Section B the order of items and columns has been changed.

Reporting on Form GR 237 is to commence with the report for the month of February, 1943. Reports for the month of January, 1943, should be submitted on Indigent Form No. 1.

STATEMENTS CONTAINED IN THE MANUAL TAKE PRECEDENCE  
OVER SAME MATERIAL PREVIOUSLY RELEASED IN BULLETINS.

A supply of Form GR 237 is being mailed to county offices under separate cover. Until further notice, requests for additional copies of this form should be addressed to the State Department of Social Welfare, 616 K Street, Sacramento.

FILED  
in the office of the Secretary of State  
of the State of California  
JAN 18 1943  
FRANK M. JORDAN, Secretary of State  
By *Chas. P. Tracy* Deputy

FORM GR 237, (revised)—February, 1943

(Formerly Indigent Form No. 1)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFAREMONTHLY STATISTICAL REPORT ON GENERAL RELIEF  
TO THE STATE DEPARTMENT OF SOCIAL WELFARE, SACRAMENTO, CALIFORNIA

COUNTY REPORT FOR THE MONTH OF FEBRUARY , 1943

## A. CASES APPROVED FOR GENERAL HOME RELIEF (DOES NOT INCLUDE ANY AID SPECIFIED IN PART C)

1. CONTINUED FROM PRECEDING MONTH (IF DIFFERENT FROM ITEM 5 OF PRECEDING MONTH'S REPORT EXPLAIN INVENTORY ADJUSTMENT IN FOOTNOTE) . . . . .	410
2. TOTAL ADDED DURING MONTH (2A PLUS 2B) . . . . .	32
A. NEW: NEVER PREVIOUSLY APPROVED FOR GENERAL HOME RELIEF IN THE COUNTY. 12	
B. REOPENED: PREVIOUSLY APPROVED AND CLOSED 20	
3. TOTAL OPEN DURING MONTH (1 PLUS 2; ALSO 3A PLUS 3B) . . . . .	442
A. RECEIVED GENERAL HOME RELIEF (SAME AS ITEM 6 COL. 1) . . . . .	402
B. RECEIVED NO GENERAL HOME RELIEF. 40	
4. TOTAL CLOSED DURING MONTH (SUM OF 4A THROUGH 4F) . . . . .	62
A. OBTAINED REGULAR EMPLOYMENT. 16	
B. RECEIVED ASSISTANCE FROM RELATIVES OR FRIENDS OUTSIDE CASE 5	
C. RECEIVED OTHER PUBLIC AID. 18	
D. REFUSED EMPLOYMENT OFFER OR WORK ORDER 0	
E. LAPSE OF CONTACT 7	
F. OTHER REASONS. 16	
5. CONTINUED TO FOLLOWING MONTH (3 MINUS 4) . . . . .	380

## B. OBLIGATIONS INCURRED FOR GENERAL HOME RELIEF: DETAIL FOR CASES REPORTED UNDER ITEM 3A

RECIPIENT	CASES (1)	PERSONS (2)	OBLIGATIONS INCURRED DURING MONTH		
			CASH (3)	KIND (4)	TOTAL (5)
6. TOTAL RECIPIENTS (6A PLUS 6B)	402	830	\$7,589.12	\$2,396.56	\$9,985.68
A. FAMILY CASES . . . . .	153	581	4,406.72	1,101.68	5,508.40
B. ONE-PERSON CASES . . . . .	249	249	3,182.40	1,294.88	4,477.28

C. OTHER GENERAL RELIEF FROM COUNTY INDIGENT FUND  
(DOES NOT INCLUDE (1) AID REPORTED IN PARTS A AND B OR (2) AID FROM SOURCES OTHER THAN INDIGENT FUND)

	PERSONS	OBLIGATIONS
7. BOARDING HOME CARE OF CHILDREN (EXCLUDE ANC CASES) . . . . .	14	\$289.50
8. BOARDING HOME CARE OF ADULT PERSONS . . . . .	4	146.20
9. HOSPITALIZATION. . . . .	-	-
10. MEDICAL AND DENTAL CARE. . . . .	-	-
11. BURIALS. . . . .	-	-
12. SHORT-TERM CARE, SUCH AS SINGLE MEALS, OVERNIGHT LODGINGS, ETC. . . . .	30	56.25
13. TRANSPORTATION COSTS TO PLACE OF RESIDENCE . . . . .	2	38.73
14. OTHER (SPECIFY) . . . . .	0	0

(\$SIGNATURE OF  
PERSON REPORTING)*John Doe*

(TITLE) STATISTICIAN

(DATE) FEBRUARY 4, 1943

**Sec. 563-40 Payments Claimed by County for Hospital Care of Former OAS Recipients  
(W. & I. C., Sec. 2160.7)**

563-40

**OAS**

Provision is made in section D of the Monthly Statistical Report on OAS (Form Ag 237) for the reporting of information on former OAS recipients who are confined in county hospitals under the conditions set forth in Sec. 165-00, Payment to County Under W. & I. C. Sec. 2160.7.

**Item 12. Number of Cases.**

Report the number of former OAS recipients for whom the county claims payment from the State for hospital care during the month. If there are no such cases, specify "0" or "None," but do not leave this item blank.

**Item 13. Total Amount of State Payments.**

Report the State's share of the OAS assistance to which these county hospital cases would be eligible if not confined to the hospital. This amount should be computed only for the actual number of days in which all of the conditions necessary for State payment (see Sec. 165-00, Payment to County Under W. & I. C. Sec. 2160.7) are present.

See Sec. 165-15, Basis for State Payment-County Hospital Claim, for detailed instructions on the computation of the State payment.

**Sec. 563-50 Discontinuance from OAS for County Hospital Cases**

563-50

**OAS**

When the OAS grant to an individual for the month being reported is the last payment to be made under OAS until after a period of confinement in a county hospital, the case should be reported as discontinued under Item 9 of the Monthly Statistical Report (Form Ag 237) during the month of such payment even though the board of supervisors may not have formally discontinued aid in that month. (This procedure is an exception to the general rule of reporting discontinuances in the month of action by the board of supervisors.)

**Sec. 563-60 Restorations of County Hospital Cases to OAS**

563-60

**OAS**

When formally discontinuing OAS payments to an individual confined in a county hospital, the board of supervisors may provide that assistance be restored when the recipient ceases to be an inmate without further order by the board of supervisors (see Sec. 215-00, Restoration of Aid). The application to restore aid should be reported as granted in section A, Items 4 and 4A, and the individual should be reported as a case added in section B of the Monthly Statistical Report (Form Ag 237) in the month for which the county auditor again issues a warrant. (This procedure is an exception to the general rule that restorations should be reported in the month of action by the board of supervisors.)

**Item 2a. New: Never Previously Approved for General Home Relief in the County**—Enter the number of cases added during the month which had never before been approved for General Home Relief in the county.

**Item 2b. Reopened: Previously Approved and Closed**—Enter the number of cases added during the month which had previously been closed from General Home Relief in the county.

**Item 3. Total Open During Month**—Enter the sum of Items 1 and 2. Cases open during the month are classified under Items 3a and 3b according to whether or not General Home Relief was extended during the month.

**Item 3a. Received General Home Relief**—Enter the number of cases to which General Home Relief was extended during the month. This item should be the same as Item 6, Column 1.

**Item 3b. Received No General Home Relief**—Enter the number of cases open during the month to which no General Home Relief was extended during the month.

**Item 4. Total Closed During Month**—Enter the number of cases which were open at some time during the month and which were closed during the month. If payments are withheld or suspended but the case is not formally closed, the case shall not be reported as closed until the month in which formal closing is effected according to the procedure adopted in the county.

Cases closed during the month are classified under Items 4a-4f according to the reason for discontinuing General Home Relief. If more than one factor is associated with the discontinuance of General Home Relief the most recent factor should govern the classification.

**Item 4a. Obtained Regular Employment**—Enter the number of cases for which General Home Relief was discontinued because regular employment was obtained or because earnings under regular employment were increased to an adequate amount. The term "regular employment" includes full-time, part-time, or intermittent employment other than certified employment on NYA projects. In a family case, employment of any member of the family group is considered.

**Item 4b. Received Assistance From Relatives or Friends Outside Case**—Enter the number of cases for which General Home Relief was discontinued because assistance was received from a relative or friend not a member of the family group.

**Item 4c. Received Other Public Aid**—Enter the number of cases for which General Home Relief was discontinued because the case received, or was accepted for, aid under another public program such as OAS, ANB, APSB, ANC, statutory aid to veterans, public hospital care, boarding home or institutional care. Do not include cases for which General Home Relief was discontinued because of receipt of NYA employment.

**Item 4d. Refused Employment Offer or Work Order**—Enter the number of cases for which General Home Relief was discontinued because the case refused a bona fide offer of employment or refused a work order from any agency providing work relief.

**Item 4e. Lapse of Contact**—Enter all cases closed because of lapse of contact. This item should include only cases for which no specific reason for the recipient's ceasing to request aid is known to the agency. Include cases who could not be contacted because their whereabouts were unknown as well as cases automatically closed without further investigation.

**Item 4f. Other Reasons**—Enter the number of cases for which General Home Relief was discontinued for reasons other than those listed under Items 4a-4e. Illustrations are death, departure from county, decrease in family needs, receipt of UCB, receipt of benefits under the OASI or other public or private annuity programs, transfer to a private relief agency, imprisonment, liquidation of resources, changes in eligibility policies of county, limitation of county funds, etc. Do not include cases covered by Item 4e; i.e., those for which no specific reason for the recipient's ceasing to request aid is known to the agency.

**Item 5. Continued to Following Month**—Enter the number of open cases on the last day of the month which are continued as approved for General Home Relief to the following month. This item should equal the difference between Item 3 and Item 4.

**Sec. 564-00 Instructions for Preparation of Monthly Statistical Report on GR**

564-00

All items on the Monthly Statistical Report on GR (Form GR 237) shall have an entry. Enter "NR" (no record) if the information is applicable but cannot be reported or is not available. Enter a dash (—) if information is not applicable. Enter "O" if information is applicable but no count is recorded for the month.

**Sec. 564-10 Scope of GR Report**

564-10

Form GR 237 provides for the reporting of all General Relief from county indigent funds. For definition of General Relief see Glossary—Assistance, General Public.

The following programs are excluded from the report:

- (1) Special types of assistance, such as OAS, ANB, APSB, and ANC.

Non-medical aid extended to ANC families for the specific benefit of the family budget unit is not reported on this form since it is reported on CA 237.

Hospitalization and other medical and dental care, however, extended to OAS, ANB, APSB, and ANC cases, if separate and distinct from the regular monthly grant, is reported in Part C of this report.

(2) Federal programs, such as the work program of the NYA or other work and construction projects financed in whole or in part from Federal funds, and the program of the FSA.

- (3) Relief from private sources.

- (4) CWS.

- (5) Institutional programs.

Payments from GR (county indigent) funds to certified relief workers on work relief projects authorized and operated by the agency administering the GR program are included.

**Sec. 564-20 Reporting of General Home Relief**

564-20

Parts A and B of Form GR 237 are designed for reporting General Home Relief. For the purpose of this report only, General Home Relief is defined as non-medical General Relief to individuals in their homes. It excludes GR of the type provided for under Part C of the report; i.e., boarding home care of children and adults, hospitalization, medical and dental care, burials, short-term care, and transportation to place of residence.

Information in Parts A and B is used in a report to the FSSB on general relief cases and expenditures.

**Sec. 564-30 Cases Approved for General Home Relief**

564-30

Part A provides for reporting cases approved for General Home Relief as defined in Sec. 564-20, Reporting of General Home Relief. It includes cases granted emergency relief before formal approval as well as cases which have received formal approval according to the established procedure of the county.

For the definition of a GR case see Sec. 533-00, Definition of GR Case.

Do not include in Part A cases receiving only the type of aid specified in Part C.

A case should be counted only once in the month, although it may appear on more than one payment list if payments are for a period of less than a month.

**Item 1. Continued From Preceding Month**—Enter the number of cases which were approved previously for General Home Relief in the county and were not formally closed, as of the first day of the month. This item should agree with Item 5 of the preceding month's report unless a correction is being made for an error in the case count of the preceding month. In such instances enter the adjusted figure and note the specific reason for the adjustment at the bottom of the form.

**Item 2. Total Added During Month**—Enter the number of cases which were approved for General Home Relief during the month. A case to which an emergency order was given during the month should also be included under this item even though the case was not formally approved this month. Such orders are not to be confused with short-term care, which should be reported under Item 12.

Since cases for which relief was temporarily suspended should not be reported under Item 4 as closed, such cases should not be counted as added under Item 2 in the month in which the relief payments are resumed.

Item 2 should equal the sum of Items 2a and 2b.

Information reported under Item 6 is classified in Items 6a and 6b according to the composition of the GR case.

**Item 6a. Family Cases**—Enter information requested for cases in which the GR payment applies to the needs of more than one person. The total number of persons who are expected to receive direct benefit from the GR payment is included in the count of persons in Col. 2.

**Item 6b. One-person Cases**—Enter information requested for cases in which the GR payment applies to the needs of one person only. The number of cases in Col. 2 shall be the same as the number of persons in Col. 2.

A spouse of a recipient of OAS, ANB, or APSB shall be reported as a one-person case unless other persons in the household are also benefiting from the GR payment.

**Sec. 564-40 Obligations Incurred for General Home Relief**

564-40

Part B provides for reporting the number of cases and persons receiving General Home Relief as defined in Sec. 564-20, Reporting of General Home Relief, and the amount of such relief extended, classified according to the composition of the relief case; i.e., family cases and one-person cases. Do not include cases receiving only the type of aid provided for under Part C nor the amount of such aid.

Obligations incurred for GR payments should be reported for the month *during* which these payments are authorized. For example, GR provided on January 28, and intended to cover the needs of the case for February, should be included on the report for January, that is, on the report for the month *during* which the obligation was incurred.

Consider GR orders or requisitions in kind as obligations incurred *during* the month in which the order was issued, regardless of the date the county paid the vendor for the merchandise or the date the order was actually converted into kind.

Commodities purchased in bulk for issuance to relief recipients are to be reported for the month *during* which they were actually issued to recipients regardless of the month in which the agency agreed to purchase the commodities or pay for them.

When relief is extended in the form of payments for work performed, consider the amounts actually earned during all payroll periods ending within the month as obligations incurred during the month.

**Item 6. Total Recipients**—Enter in the appropriate columns information indicated below:

**Col. 1. Cases**—Enter the total number of cases to which General Home Relief was extended. This item should be the same as Item 3a.

**Col. 2. Persons**—Enter the total number of persons for whose benefit General Home Relief was extended. This item should equal the number of persons in family cases plus the number of one-person cases.

**Col. 3. Obligations Incurred in Cash**—Enter the amount of obligations incurred for General Home Relief to be paid by check or in cash directly to recipients. Include amounts paid from GR (county indigent) funds to certified relief workers on work relief projects authorized and operated by the agency for persons in need.

**Col. 4. Obligations Incurred in Kind**—Enter all obligations incurred during the month for payments to recipients in the form of groceries, clothing, fuel, rent, services, etc.

Such obligations should include the following items:

- (1) The value of orders on vendors for commodities, i.e., food, clothing, fuel, etc.
- (2) The value of orders on landlords for shelter or on utility companies for gas, electricity, and other utilities.

(3) The purchase cost of commodities issued directly to cases. If commodities are distributed through a commissary, include also the amount of obligations incurred for operating the commissary during the month. Do not include obligations incurred for purchase of plant and equipment for the commissary, but the value of capital items may be distributed over the life of such item and an appropriate share charged to each month.

Do not include the following items:

- (1) The value of Federal Surplus foods.
- (2) The value of commodities produced on Federal work programs or local work relief projects and issued to recipients.
- (3) Obligations incurred for non-relief labor, for materials, equipment, and/or supplies for Federal work programs or local work relief programs.
- (4) Obligations incurred for items commonly referred to as administrative expense of the GR program.

**Col. 5. Total Obligations Incurred**—Enter in this column the sum of Cols. 3 and 4.

**Item 12. Short-term Care**—Enter obligations incurred from the GR (county indigent) fund for short-term care, such as single meals and overnight lodgings to transient cases.

This item should include cases granted a card for two or three days' care, at a lodging house, but not expected to receive any further assistance.

**Item 13. Transportation Costs to Place of Residence**—Enter obligations incurred from the GR (county indigent) fund for returning needy persons to their place of legal residence. Include railroad and bus fares, gasoline, etc., and cost of meals and other care en route.

**Item 14. Other**—Enter obligations incurred from the GR (county indigent) fund which cannot be classified under other items in the report. Explain the nature of the obligation. Do not include payments to ANC families for the specific benefit of the family unit, nor costs commonly referred to as "administrative expense."

**Sec. 564-50 Reporting of Other General Relief From County Indigent Fund**

564-50

Part C is designed for reporting all General Relief from the regularly designated or budgeted GR (county indigent) fund other than that reported in Parts A and B. Provision is made for reporting both the amount of obligations incurred and the number of persons for whose benefit these obligations are incurred. This section gives the SDSW information as to the type and amount of miscellaneous assistance extended by individual counties from GR funds.

Do not include any aid which is not from the regularly designated or budgeted GR fund. If aid of the type specified is not provided from this fund but is provided through some other county fund, a dash (—) should be entered.

Obligations should be reported on the same basis as in Part B of the report (see Sec. 564-40, Obligations Incurred for General Home Relief); that is, on an obligation incurred during-the-month basis. Include all cash payments, relief in kind, relief orders and requisitions.

**Item 7. Boarding Home Care of Children**—Enter obligations incurred from the GR (county indigent) fund for the care of children in boarding homes if those children are not receiving ANC. Include only obligations incurred for children for whom payments are based on a fixed monthly rate in lieu of family budgets, excluding payments for children who are in a boarding home maintained by a parent or legal guardian.

**Item 8. Boarding Home Care of Adult Persons**—Enter obligations incurred from the GR (county indigent) fund for the care of aged persons if they are living in a home under a specific board and care agreement and are not receiving OAS, ANB, or APSB.

**Item 9. Hospitalization**—Enter obligations incurred for private or public hospital care, contract sanatoria, etc., when such expenditures are made from the regularly designated or budgeted GR (county indigent) fund.

This item shall include costs of physicians and drugs and other medical and dental care extended from the GR fund to persons in hospitals. Expenditures from the GR fund for ambulance to and from the hospital shall be included under this item.

Include obligations incurred for hospitalization of OAS, ANB, APSB, and ANC cases when such obligations are separate and distinct from the regular monthly grant.

**Item 10. Medical and Dental Care**—Enter obligations incurred for medical, optical and/or dental care outside the hospital when such expenditures are made from the GR (county indigent) fund. Include obligations incurred for services of physicians, dentists, nurses, etc.; obligations incurred for medical supplies, such as medicines, braces, appliances, eye glasses, and dentures; and obligations incurred for other medical and dental care outside the hospital when such expenditures are made from the GR fund.

Include obligations incurred for medical and dental care of OAS, ANB, APSB, and ANC cases when such obligations are separate and distinct from the regular monthly grant.

**Item 11. Burials**—Enter obligations incurred for burials and cemetery care when such expenditures are made from the GR (county indigent) fund.

MONTHLY STATISTICAL REPORT ON GENERAL RELIEF  
 TO THE STATE DEPARTMENT OF SOCIAL WELFARE, SACRAMENTO, CALIFORNIA

COUNTY \_\_\_\_\_ REPORT FOR THE MONTH OF \_\_\_\_\_ 19\_\_\_\_\_

A. CASES APPROVED FOR GENERAL HOME RELIEF (DOES NOT INCLUDE ANY AID SPECIFIED IN PART C)

1. CONTINUED FROM PRECEDING MONTH (IF DIFFERENT FROM ITEM 5 OF PRECEDING MONTH'S REPORT EXPLAIN INVENTORY ADJUSTMENT IN FOOTNOTE) . . . . .		
2. TOTAL ADDED DURING MONTH (2A PLUS 2B) . . . . .		
A. NEW: NEVER PREVIOUSLY APPROVED FOR GENERAL HOME RELIEF IN THE COUNTY. . . . .		
B. REOPENED: PREVIOUSLY APPROVED AND CLOSED. . . . .		
3. TOTAL OPEN DURING MONTH (1 PLUS 2; ALSO 3A PLUS 3B) . . . . .		
A. RECEIVED GENERAL HOME RELIEF (SAME AS ITEM 6 COL. 1) . . . . .		
B. RECEIVED NO GENERAL HOME RELIEF . . . . .		
4. TOTAL CLOSED DURING MONTH (SUM OF 4A THROUGH 4F) . . . . .		
A. OBTAINED REGULAR EMPLOYMENT. . . . .		
B. RECEIVED ASSISTANCE FROM RELATIVES OR FRIENDS OUTSIDE CASE. . . . .		
C. RECEIVED OTHER PUBLIC AID. . . . .		
D. REFUSED EMPLOYMENT OFFER OR WORK ORDER. . . . .		
E. LAPSE OF CONTACT. . . . .		
F. OTHER REASONS. . . . .		
5. CONTINUED TO FOLLOWING MONTH (3 MINUS 4) . . . . .		

B. OBLIGATIONS INCURRED FOR GENERAL HOME RELIEF: DETAIL FOR CASES REPORTED UNDER ITEM 3A

RECIPIENT	CASES (1)	PERSONS (2)	OBLIGATIONS INCURRED DURING MONTH		
			CASH (3)	KIND (4)	TOTAL (5)
6. TOTAL RECIPIENTS (6A PLUS 6B)					
A. FAMILY CASES. . . . .					
B. ONE-PERSON CASES. . . . .					

C. OTHER GENERAL RELIEF FROM COUNTY INDIGENT FUND

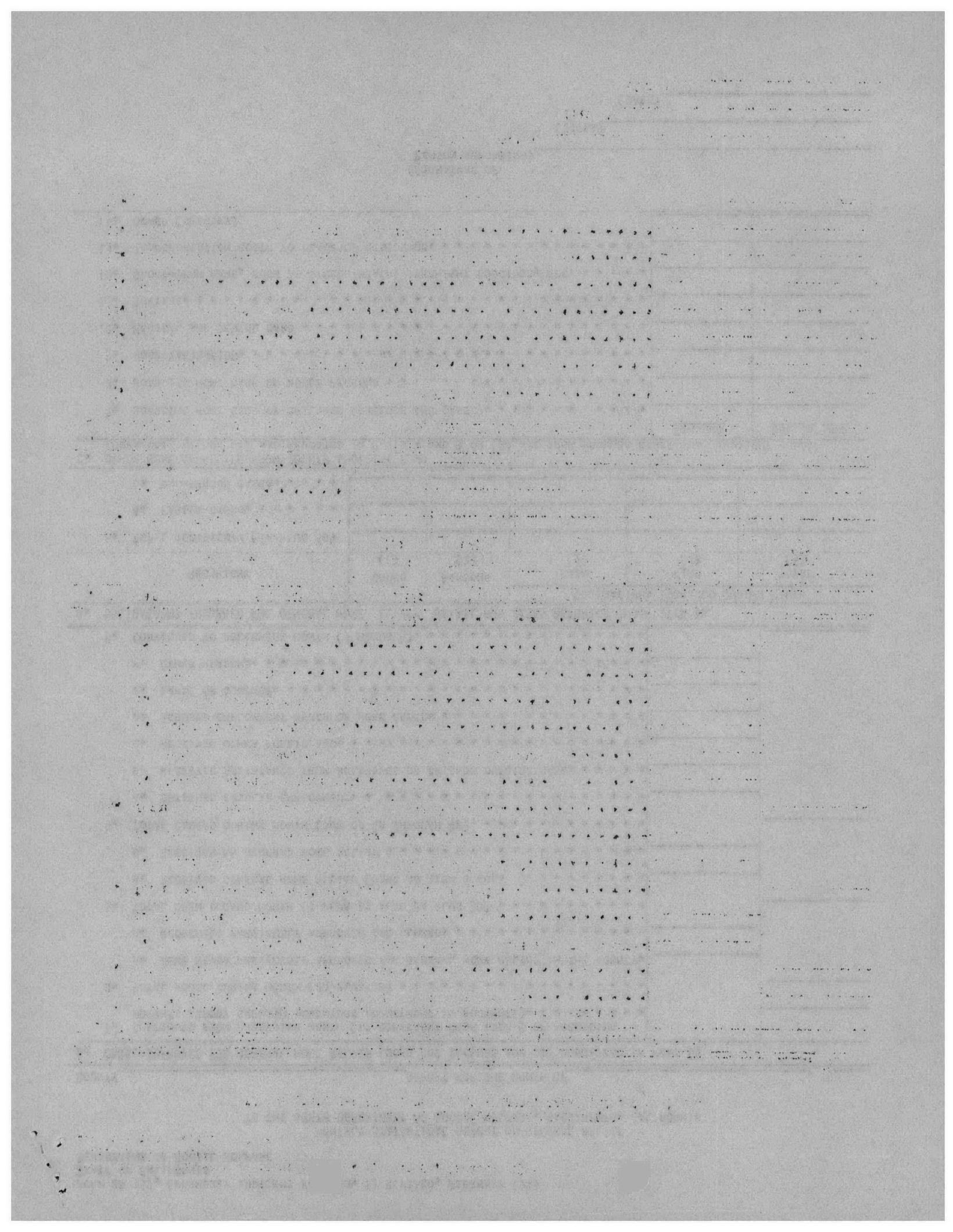
(DOES NOT INCLUDE (1) AID REPORTED IN PARTS A AND B OR (2) AID FROM SOURCES OTHER THAN INDIGENT FUND)

7. BOARDING HOME CARE OF CHILDREN (EXCLUDE ANC CASES) . . . . .	PERSONS	OBLIGATIONS
8. BOARDING HOME CARE OF ADULT PERSONS . . . . .		
9. HOSPITALIZATION. . . . .		
10. MEDICAL AND DENTAL CARE . . . . .		
11. BURIALS. . . . .		
12. SHORT-TERM CARE, SUCH AS SINGLE MEALS, OVERNIGHT LODGINGS, ETC. . . . .		
13. TRANSPORTATION COSTS TO PLACE OF RESIDENCE. . . . .		
14. OTHER (SPECIFY)		

(SIGNATURE OF  
 PERSON REPORTING) \_\_\_\_\_

(TITLE) \_\_\_\_\_

(DATE) \_\_\_\_\_



EARL WARREN

Governor

MAIN OFFICE  
SACRAMENTO  
616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET ST.

STATE OF CALIFORNIA

# Department of Social Welfare

MISS MARTHA A. CHICKERING

DIRECTOR

Sacramento

January 29, 1943

JOHN C. CUNEO  
922 J. STREET  
MODESTO

WILFORD H. HOWARD  
1815 REDWOOD HWY.  
SOUTH  
SANTA ROSA

SOCIAL WELFARE BOARD

ARCHIBALD B. YOUNG, CHAIRMAN  
808 S. SAN RAFAEL AVENUE  
PASADENA

MRS. MARY E. BARKWILL  
ROUTE 1, BOX 55  
LINDSAY

9425 LINDSAY BOULEVARD  
BEVERLY HILLS

MRS. T. G. EMMONS  
POST OFFICE BOX 12  
SALINAS

ERWIN M. MURKIN, SECRETARY  
2000 BROADWAY  
BERKELEY

BEN KOENIG  
1680 NORTH VINE STREET  
LOS ANGELES

Honorable Frank M. Mordan  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

IN REPLY PLEASE REFER

TO:

My dear Mr. Jordan:

Attached hereto are three copies of regulations,  
currently effective, made by the State Department  
of Social Welfare.

These regulations are filed in accordance with  
Article 21 of Chapter 3 of Title 1 of Part 3 of  
the Political Code as amended by Chapter 628,  
Statutes of 1941.

Very sincerely yours,

*Marta A. Chickering*

MARTHA A. CHICKERING, Director  
Department of Social Welfare

Attachments  
172:786

FILED  
In the office of the Secretary of State  
of the State of California  
JAN 30 1943  
FRANK M. JORDAN, Secretary of State  
By *John R. Hayes* Deputy

Herbage

MAIN OFFICE  
SACRAMENTO  
616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
311 SOUTH SPRING STREET

SAN FRANCISCO OFFICE  
DAVID HEWES BUILDING  
995 MARKET ST.

XXXXXX XXXXXXXX  
Governor  
EARL WARREN  
STATE OF CALIFORNIA

SOCIAL WELFARE BOARD  
ARCHIBALD B. YOUNG, CHAIRMAN  
808 S. SAN RAFAEL AVENUE  
PASADENA

MRS. MARY E. BARKWILL  
ROUTE 1, BOX 55  
LINDSAY

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XXXXXXXXXXXXXX  
XXXXXXXXXXXXXX

MRS. T. G. EMMONS  
POST OFFICE BOX 12

SALINAS  
XXXXXXXXXXXXXX  
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XXXXXXXXXXXXXX

BEN KOENIG  
1680 NORTH VINE STREET  
LOS ANGELES

XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

# Department of Social Welfare

MISS MARTHA A. CHICKERING  
DIRECTOR

Sacramento  
January 21, 1943

JOHN C. CUNEO  
922 J. STREET  
MODESTO

WILFORD H. HOWARD  
P. O. Box 288  
SACRAMENTO

IN REPLY PLEASE REFER

TO:

DEPARTMENT BULLETIN NO. 204

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

Subject: War Services - Excludedees

Restrictive action of the government as defined in Section WSE 10-35 of the War Services Handbook, may also include exclusion orders to individuals whose presence within designated areas is deemed dangerous to the safety of the Nation. Such orders prohibit the person to whom they are issued from remaining in, or reentering the designated areas.

To help insure compliance with the exclusion orders, and to enable relocation to be accomplished without undue hardship, particularly to the families of the persons concerned, the War Relocation Authority will give assistance where necessary to the excludees and their dependents. This includes assistance in the form of transportation and maintenance for a temporary period, after which time the case will be referred for assistance under the War Services Enemy Alien program.

Procedures for direct referral to the War Relocation Authority will be released in the War Services Handbook in the near future. In the meantime any such cases coming to the attention of the county welfare department may be given emergency assistance under the War Services Enemy Alien Program, and should be submitted to the SDSW for referral to the War Relocation Authority through the Social Security Board.

Very sincerely yours

*Marta A. Chickering*  
MARTHA A. CHICKERING, Director  
Department of Social Welfare

(Authority: Secs. 113 and 120,  
Welfare and Institutions  
Code)

EARL WARREN

Governor

MAIN OFFICE  
SACRAMENTO  
616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BUILDING  
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SAN FRANCISCO OFFICE  
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995 MARKET ST.

STATE OF CALIFORNIA

# Department of Social Welfare

MISS MARTHA A. CHICKERING

DIRECTOR

Sacramento  
January 28, 1943

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922 J. STREET  
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1815 REDWOOD HWY.  
SOUTH  
SANTA ROSA

SOCIAL WELFARE BOARD

ARCHIBALD B. YOUNG, CHAIRMAN  
808 S. SAN RAFAEL AVENUE  
PASADENA

MRS. MARY E. BARKWILL  
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ERWIN M. HIRSCHFELDER  
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LOS ANGELES

## DEPARTMENT BULLETIN NO. 205

TO: COUNTY BOARDS OF SUPERVISORS  
COUNTY WELFARE DEPARTMENTS  
COUNTY AUDITORS

IN REPLY PLEASE REFER

TO:

Subject: Revised Method of Reporting  
on Statistical Reports  
CA 237 and GR 237

Beginning with statistical reports covering the month of February, 1943, counties shall exclude from Form CA 237 aid paid for the benefit of any persons in ANC families or households who are not included in the "family budget unit."\* Such aid, heretofore reported under Items 11d and 11e of Form CA 237, shall hereafter be reported on Form GR 237. The count of cases and/or persons receiving such aid shall also be reported on Form GR 237 in the appropriate sections (in Sections A and B, or in Section C).

Non-reimbursable aid in cash and kind paid for the benefit of the "family budget unit" shall be reported as heretofore under Items 11d and 11e of Form CA 237, regardless of whether it is paid from general indigent funds or from a special county fund.

These instructions supersede those given in the Manual of Policies and Procedures, Section 563-30, dealing with non-reimbursable expenditures reported under Items 11d and 11e of Form CA 237. Instructions given in Sections 564-10 through 564-50 of the Manual of Policies and Procedures, to be effective with the report for February, 1943, remain unaltered.

\* "Family budget unit" as used here is the same as the concept of the "family unit" used in completing Form Gen M48, The Budget Work Sheet (ANC).

Very sincerely yours

*Martha A. Chickering*

(Authority: Secs. 1556 and 115,  
Welfare and Institutions Code)

MARTHA A. CHICKERING, Director  
Department of Social Welfare

MAIN OFFICE  
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995 MARKET STREET

Governor  
EARL WARREN  
STATE OF CALIFORNIA

# Department of Social Welfare

MISS MARTHA A. CHICKERING  
DIRECTOR

Sacramento  
February 19, 1943

Honorable Paul Peek  
Secretary of State  
Room 109, State Capitol  
Sacramento, California

SOCIAL WELFARE BOARD  
ARCHIBALD B. YOUNG, CHAIRMAN  
808 S. SAN RAFAEL AVENUE  
PASADENA

MRS. MARY E. BARKWILL  
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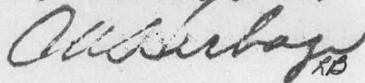
IN REPLY PLEASE REFER  
TO:

My dear Mr. Peek:

Attached are three copies of regulations, currently effective, made by the State Department of Social Welfare.

These regulations are filed in accordance with Article 21 of Chapter 3 of Title 1 of Part 3 of the Political Code as amended by Chapter 628, Statutes of 1941.

Very sincerely yours,



MARTHA A. CHICKERING, Director  
Department of Social Welfare

Attach.

FILED  
In the office of the Secretary of State  
of the State of California  
FRANK M. JORDAN, Secretary of State  
By *John G. Taylor* Deputy  
FEB 23 1943

FORM GR 237, (revised)—February, 1943

(Formerly Indigent Form No. 1)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFAREMONTHLY STATISTICAL REPORT ON GENERAL RELIEF  
TO THE STATE DEPARTMENT OF SOCIAL WELFARE, SACRAMENTO, CALIFORNIA

COUNTY	REPORT FOR THE MONTH OF			FEBRUARY	, 1943
<b>A. CASES APPROVED FOR GENERAL HOME RELIEF (DOES NOT INCLUDE ANY AID SPECIFIED IN PART C)</b>					
1. CONTINUED FROM PRECEDING MONTH (IF DIFFERENT FROM ITEM 5 OF PRECEDING MONTH'S REPORT EXPLAIN INVENTORY ADJUSTMENT IN FOOTNOTE) . . . . .					410
2. TOTAL ADDED DURING MONTH (2A PLUS 2B) . . . . .					32
A. NEW: NEVER PREVIOUSLY APPROVED FOR GENERAL HOME RELIEF IN THE COUNTY.	12				
B. REOPENED: PREVIOUSLY APPROVED AND CLOSED . . . . .	20				
3. TOTAL OPEN DURING MONTH (1 PLUS 2; ALSO 3A PLUS 3B) . . . . .					442
A. RECEIVED GENERAL HOME RELIEF (SAME AS ITEM 6 COL. 1) . . . . .	402				
B. RECEIVED NO GENERAL HOME RELIEF. . . . .	40				
4. TOTAL CLOSED DURING MONTH (SUM OF 4A THROUGH 4F) . . . . .					62
A. OBTAINED REGULAR EMPLOYMENT. . . . .	16				
B. RECEIVED ASSISTANCE FROM RELATIVES OR FRIENDS OUTSIDE CASE . . . . .	5				
C. RECEIVED OTHER PUBLIC AID. . . . .	13				
D. REFUSED EMPLOYMENT OFFER OR WORK ORDER . . . . .	0				
E. LAPSE OF CONTACT . . . . .	7				
F. OTHER REASONS. . . . .	16				
5. CONTINUED TO FOLLOWING MONTH (3 MINUS 4) . . . . .					380
<b>B. OBLIGATIONS INCURRED FOR GENERAL HOME RELIEF: DETAIL FOR CASES REPORTED UNDER ITEM 3A</b>					
RECIPIENT	CASES (1)	PERSONS (2)	OBLIGATIONS INCURRED DURING MONTH		
			CASH (3)	KIND (4)	TOTAL (5)
6. TOTAL RECIPIENTS (6A PLUS 6B)	402	830	\$7,589.12	\$2,396.56	\$9,985.68
A. FAMILY CASES . . . . .	153	581	4,406.72	1,101.68	5,508.40
B. ONE-PERSON CASES . . . . .	249	249	3,182.40	1,294.88	4,477.28
<b>C. OTHER GENERAL RELIEF FROM COUNTY INDIGENT FUND</b> (DOES NOT INCLUDE (1) AID REPORTED IN PARTS A AND B OR (2) AID FROM SOURCES OTHER THAN INDIGENT FUND)					
7. BOARDING HOME CARE OF CHILDREN (EXCLUDE ANC CASES) . . . . .		14			\$289.50
8. BOARDING HOME CARE OF ADULT PERSONS . . . . .		4			146.20
9. HOSPITALIZATION. . . . .		-			-
10. MEDICAL AND DENTAL CARE. . . . .		-			-
11. BURIALS. . . . .		-			-
12. SHORT-TERM CARE, SUCH AS SINGLE MEALS, OVERNIGHT LODGINGS, ETC. . . . .		30			56.25
13. TRANSPORTATION COSTS TO PLACE OF RESIDENCE . . . . .		2			38.73
14. OTHER (SPECIFY). . . . .		0			0

(\$SIGNATURE OF  
PERSON REPORTING)

John Doe

(TITLE) STATISTICIAN

(DATE) FEBRUARY 4, 1943

**Sec. 563-40 Payments Claimed by County for Hospital Care of Former OAS Recipients**

563-40

(W. & I. C., Sec. 2160.7) W & I Code Secs. 103, 115, 116, 117, 2140,  
OAS 2141, 2189

Provision is made in section D of the Monthly Statistical Report on OAS (Form Ag 237) for the reporting of information on former OAS recipients who are confined in county hospitals under the conditions set forth in Sec. 165-00, Payment to County Under W. & I. C. Sec. 2160.7.

**Item 12. Number of Cases.**

Report the number of former OAS recipients for whom the county claims payment from the State for hospital care during the month. If there are no such cases, specify "0" or "None," but do not leave this item blank.

**Item 13. Total Amount of State Payments.**

Report the State's share of the OAS assistance to which these county hospital cases would be eligible if not confined to the hospital. This amount should be computed only for the actual number of days in which all of the conditions necessary for State payment (see Sec. 165-00, Payment to County Under W. & I. C. Sec. 2160.7) are present.

See Sec. 165-15, Basis for State Payment-County Hospital Claim, for detailed instructions on the computation of the State payment.

**Sec. 563-50 Discontinuance from OAS for County Hospital Cases** W. & I. Code Secs. 103, 115, 563-50  
OAS 116, 117, 2140, 2141, 2189

When the OAS grant to an individual for the month being reported is the last payment to be made under OAS until after a period of confinement in a county hospital, the case should be reported as discontinued under Item 9 of the Monthly Statistical Report (Form Ag 237) during the month of such payment even though the board of supervisors may not have formally discontinued aid in that month. (This procedure is an exception to the general rule of reporting discontinuances in the month of action by the board of supervisors.)

**Sec. 563-60 Restorations of County Hospital Cases to OAS** W & I Code Secs. 103, 115,  
OAS 116, 117, 2140, 2141, 2189

563-60

When formally discontinuing OAS payments to an individual confined in a county hospital, the board of supervisors may provide that assistance be restored when the recipient ceases to be an inmate without further order by the board of supervisors (see Sec. 215-00, Restoration of Aid). The application to restore aid should be reported as granted in section A, Items 4 and 4A, and the individual should be reported as a case added in section B of the Monthly Statistical Report (Form Ag 237) in the month for which the county auditor again issues a warrant. (This procedure is an exception to the general rule that restorations should be reported in the month of action by the board of supervisors.)

**Item 2a. New: Never Previously Approved for General Home Relief in the County**—Enter the number of cases added during the month which had never before been approved for General Home Relief in the county.

**Item 2b. Reopened: Previously Approved and Closed**—Enter the number of cases added during the month which had previously been closed from General Home Relief in the county.

**Item 3. Total Open During Month**—Enter the sum of Items 1 and 2. Cases open during the month are classified under Items 3a and 3b according to whether or not General Home Relief was extended during the month.

**Item 3a. Received General Home Relief**—Enter the number of cases to which General Home Relief was extended during the month. This item should be the same as Item 6, Column 1.

**Item 3b. Received No General Home Relief**—Enter the number of cases open during the month to which no General Home Relief was extended during the month.

**Item 4. Total Closed During Month**—Enter the number of cases which were open at some time during the month and which were closed during the month. If payments are withheld or suspended but the case is not formally closed, the case shall not be reported as closed until the month in which formal closing is effected according to the procedure adopted in the county.

Cases closed during the month are classified under Items 4a-4f according to the reason for discontinuing General Home Relief. If more than one factor is associated with the discontinuance of General Home Relief the most recent factor should govern the classification.

**Item 4a. Obtained Regular Employment**—Enter the number of cases for which General Home Relief was discontinued because regular employment was obtained or because earnings under regular employment were increased to an adequate amount. The term "regular employment" includes full-time, part-time, or intermittent employment other than certified employment on NYA projects. In a family case, employment of any member of the family group is considered.

**Item 4b. Received Assistance From Relatives or Friends Outside Case**—Enter the number of cases for which General Home Relief was discontinued because assistance was received from a relative or friend not a member of the family group.

**Item 4c. Received Other Public Aid**—Enter the number of cases for which General Home Relief was discontinued because the case received, or was accepted for, aid under another public program such as OAS, ANB, APSB, ANC, statutory aid to veterans, public hospital care, boarding home or institutional care. Do not include cases for which General Home Relief was discontinued because of receipt of NYA employment.

**Item 4d. Refused Employment Offer or Work Order**—Enter the number of cases for which General Home Relief was discontinued because the case refused a bona fide offer of employment or refused a work order from any agency providing work relief.

**Item 4e. Lapse of Contact**—Enter all cases closed because of lapse of contact. This item should include only cases for which no specific reason for the recipient's ceasing to request aid is known to the agency. Include cases who could not be contacted because their whereabouts were unknown as well as cases automatically closed without further investigation.

**Item 4f. Other Reasons**—Enter the number of cases for which General Home Relief was discontinued for reasons other than those listed under Items 4a-4e. Illustrations are death, departure from county, decrease in family needs, receipt of UCB, receipt of benefits under the OASI or other public or private annuity programs, transfer to a private relief agency, imprisonment, liquidation of resources, changes in eligibility policies of county, limitation of county funds, etc. Do not include cases covered by Item 4e; i.e., those for which no specific reason for the recipient's ceasing to request aid is known to the agency.

**Item 5. Continued to Following Month**—Enter the number of open cases on the last day of the month which are continued as approved for General Home Relief to the following month. This item should equal the difference between Item 3 and Item 4.

W & I Code Secs. 103, 115, 116, 2140

**Sec. 564-00 Instructions for Preparation of Monthly Statistical Report on GR**

564-00

All items on the Monthly Statistical Report on GR (Form GR 237) shall have an entry. Enter "NR" (no record) if the information is applicable but cannot be reported or is not available. Enter a dash (—) if information is not applicable. Enter "O" if information is applicable but no count is recorded for the month.

**Sec. 564-10 Scope of GR Report** W & I Code Secs. 103, 115, 116, 2140

564-10

Form GR 237 provides for the reporting of all General Relief from county indigent funds. For definition of General Relief see Glossary—Assistance, General Public.

The following programs are excluded from the report:

(1) Special types of assistance, such as OAS, ANB, APSB, and ANC.

Non-medical aid extended to ANC families for the specific benefit of the family budget unit is not reported on this form since it is reported on CA 237.

Hospitalization and other medical and dental care, however, extended to OAS, ANB, APSB, and ANC cases, if separate and distinct from the regular monthly grant, is reported in Part C of this report.

(2) Federal programs, such as the work program of the NYA or other work and construction projects financed in whole or in part from Federal funds, and the program of the FSA.

(3) Relief from private sources.

(4) CWS.

(5) Institutional programs.

Payments from GR (county indigent) funds to certified relief workers on work relief projects authorized and operated by the agency administering the GR program are included.

**Sec. 564-20 Reporting of General Home Relief** W & I Code Secs. 103, 115, 116, 2140

564-20

Parts A and B of Form GR 237 are designed for reporting General Home Relief. For the purpose of this report only, General Home Relief is defined as non-medical General Relief to individuals in their homes. It excludes GR of the type provided for under Part C of the report; i.e., boarding home care of children and adults, hospitalization, medical and dental care, burials, short-term care, and transportation to place of residence.

Information in Parts A and B is used in a report to the FSSB on general relief cases and expenditures.

**Sec. 564-30 Cases Approved for General Home Relief** W & I Code Secs. 103, 115, 116, 2140

564-30

Part A provides for reporting cases approved for General Home Relief as defined in Sec. 564-20, Reporting of General Home Relief. It includes cases granted emergency relief before formal approval as well as cases which have received formal approval according to the established procedure of the county.

For the definition of a GR case see Sec. 533-00, Definition of GR Case.

Do not include in Part A cases receiving only the type of aid specified in Part C.

A case should be counted only once in the month, although it may appear on more than one payment list if payments are for a period of less than a month.

**Item 1. Continued From Preceding Month**—Enter the number of cases which were approved previously for General Home Relief in the county and were not formally closed, as of the first day of the month. This item should agree with Item 5 of the preceding month's report unless a correction is being made for an error in the case count of the preceding month. In such instances enter the adjusted figure and note the specific reason for the adjustment at the bottom of the form.

**Item 2. Total Added During Month**—Enter the number of cases which were approved for General Home Relief during the month. A case to which an emergency order was given during the month should also be included under this item even though the case was not formally approved this month. Such orders are not to be confused with short-term care, which should be reported under Item 12.

Since cases for which relief was temporarily suspended should not be reported under Item 4 as closed, such cases should not be counted as added under Item 2 in the month in which the relief payments are resumed.

Item 2 should equal the sum of Items 2a and 2b.

Information reported under Item 6 is classified in Items 6a and 6b according to the composition of the GR case.

**Item 6a. Family Cases**—Enter information requested for cases in which the GR payment applies to the needs of more than one person. The total number of persons who are expected to receive direct benefit from the GR payment is included in the count of persons in Col. 2.

**Item 6b. One-person Cases**—Enter information requested for cases in which the GR payment applies to the needs of one person only. The number of cases in Col. 2 shall be the same as the number of persons in Col. 2.

A spouse of a recipient of OAS, ANB, or APSB shall be reported as a one-person case unless other persons in the household are also benefiting from the GR payment.

**Sec. 564-40 Obligations Incurred for General Home Relief W & I Code Secs. 103, 115, 116, 564-40**

Part B provides for reporting the number of cases and persons receiving General Home Relief as defined in Sec. 564-20, Reporting of General Home Relief, and the amount of such relief extended, classified according to the composition of the relief case; i.e., family cases and one-person cases. Do not include cases receiving only the type of aid provided for under Part C nor the amount of such aid.

Obligations incurred for GR payments should be reported for the month *during* which these payments are authorized. For example, GR provided on January 28, and intended to cover the needs of the case for February, should be included on the report for January, that is, on the report for the month *during* which the obligation was incurred.

Consider GR orders or requisitions in kind as obligations incurred *during* the month in which the order was issued, regardless of the date the county paid the vendor for the merchandise or the date the order was actually converted into kind.

Commodities purchased in bulk for issuance to relief recipients are to be reported for the month *during* which they were actually issued to recipients regardless of the month in which the agency agreed to purchase the commodities or pay for them.

When relief is extended in the form of payments for work performed, consider the amounts actually earned during all payroll periods ending within the month as obligations incurred during the month.

**Item 6. Total Recipients**—Enter in the appropriate columns information indicated below:

**Col. 1. Cases**—Enter the total number of cases to which General Home Relief was extended. This item should be the same as Item 3a.

**Col. 2. Persons**—Enter the total number of persons for whose benefit General Home Relief was extended. This item should equal the number of persons in family cases plus the number of one-person cases.

**Col. 3. Obligations Incurred in Cash**—Enter the amount of obligations incurred for General Home Relief to be paid by check or in cash directly to recipients. Include amounts paid from GR (county indigent) funds to certified relief workers on work relief projects authorized and operated by the agency for persons in need.

**Col. 4. Obligations Incurred in Kind**—Enter all obligations incurred during the month for payments to recipients in the form of groceries, clothing, fuel, rent, services, etc.

Such obligations should include the following items:

- (1) The value of orders on vendors for commodities, i.e., food, clothing, fuel, etc.
- (2) The value of orders on landlords for shelter or on utility companies for gas, electricity, and other utilities.
- (3) The purchase cost of commodities issued directly to cases. If commodities are distributed through a commissary, include also the amount of obligations incurred for operating the commissary during the month. Do not include obligations incurred for purchase of plant and equipment for the commissary, but the value of capital items may be distributed over the life of such item and an appropriate share charged to each month.

Do not include the following items:

- (1) The value of Federal Surplus foods.
- (2) The value of commodities produced on Federal work programs or local work relief projects and issued to recipients.
- (3) Obligations incurred for non-relief labor, for materials, equipment, and/or supplies for Federal work programs or local work relief programs.
- (4) Obligations incurred for items commonly referred to as administrative expense of the GR program.

**Col. 5. Total Obligations Incurred**—Enter in this column the sum of Cols. 3 and 4.

**Item 12. Short-term Care**—Enter obligations incurred from the GR (county indigent) fund for short-term care, such as single meals and overnight lodgings to transient cases.

This item should include cases granted a card for two or three days' care, at a lodging house, but not expected to receive any further assistance.

**Item 13. Transportation Costs to Place of Residence**—Enter obligations incurred from the GR (county indigent) fund for returning needy persons to their place of legal residence. Include railroad and bus fares, gasoline, etc., and cost of meals and other care en route.

**Item 14. Other**—Enter obligations incurred from the GR (county indigent) fund which cannot be classified under other items in the report. Explain the nature of the obligation. Do not include payments to ANC families for the specific benefit of the family unit, nor costs commonly referred to as "administrative expense."

**W & I Code Secs. 103, 115, 116, 117, 2140  
Sec. 564-50 Reporting of Other General Relief From County Indigent Fund**

564-50

Part C is designed for reporting all General Relief from the regularly designated or budgeted GR (county indigent) fund other than that reported in Parts A and B. Provision is made for reporting both the amount of obligations incurred and the number of persons for whose benefit these obligations are incurred. This section gives the SDSW information as to the type and amount of miscellaneous assistance extended by individual counties from GR funds.

Do not include any aid which is not from the regularly designated or budgeted GR fund. If aid of the type specified is not provided from this fund but is provided through some other county fund, a dash (—) should be entered.

Obligations should be reported on the same basis as in Part B of the report (see Sec. 564-40, Obligations Incurred for General Home Relief); that is, on an obligation incurred during-the-month basis. Include all cash payments, relief in kind, relief orders and requisitions.

**Item 7. Boarding Home Care of Children**—Enter obligations incurred from the GR (county indigent) fund for the care of children in boarding homes if those children are not receiving ANC. Include only obligations incurred for children for whom payments are based on a fixed monthly rate in lieu of family budgets, excluding payments for children who are in a boarding home maintained by a parent or legal guardian.

**Item 8. Boarding Home Care of Adult Persons**—Enter obligations incurred from the GR (county indigent) fund for the care of aged persons if they are living in a home under a specific board and care agreement and are not receiving OAS, ANB, or APSB.

**Item 9. Hospitalization**—Enter obligations incurred for private or public hospital care, contract sanatoria, etc., when such expenditures are made from the regularly designated or budgeted GR (county indigent) fund.

This item shall include costs of physicians and drugs and other medical and dental care extended from the GR fund to persons in hospitals. Expenditures from the GR fund for ambulance to and from the hospital shall be included under this item.

Include obligations incurred for hospitalization of OAS, ANB, APSB, and ANC cases when such obligations are separate and distinct from the regular monthly grant.

**Item 10. Medical and Dental Care**—Enter obligations incurred for medical, optical and/or dental care outside the hospital when such expenditures are made from the GR (county indigent) fund. Include obligations incurred for services of physicians, dentists, nurses, etc.; obligations incurred for medical supplies, such as medicines, braces, appliances, eye glasses, and dentures; and obligations incurred for other medical and dental care outside the hospital when such expenditures are made from the GR fund.

Include obligations incurred for medical and dental care of OAS, ANB, APSB, and ANC cases when such obligations are separate and distinct from the regular monthly grant.

**Item 11. Burials**—Enter obligations incurred for burials and cemetery care when such expenditures are made from the GR (county indigent) fund.

MAIN OFFICE  
SACRAMENTO  
616 K STREET

LOS ANGELES OFFICE  
WASHINGTON BLDG.  
311 SOUTH SPRING ST.

SAN FRANCISCO OFFICE  
DAVID HEWES BLDG.  
995 MARKET STREET

EARL WARREN  
GOVERNOR  
STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

MISS MARTHA A. CHICKERING  
DIRECTOR

Sacramento  
February 15, 1943

SOCIAL WELFARE BOARD  
ARCHIBALD B. YOUNG, CHAIRMAN  
808 S. SAN RAFAEL AVENUE  
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MRS. MARY E. BARKWILL  
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1440 BROADWAY  
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1680 NORTH VINE ST.  
LOS ANGELES

JOHN C. CUNEO  
922 J. STREET  
MODESTO

MRS. T. G. EMMONS  
POST OFFICE BOX 12  
SALINAS

WILFORD H. HOWARD  
1815 REDWOOD  
HIGHWAY SOUTH  
SANTA ROSA

1299

MANUAL LETTER NO. 32

You receive herewith the chapters on Continuing Services and Special Services, Application Chapter, Revisions 4 and 5, Investigation and Decision Chapter, Revision 4. This material is to be entered in your copy of the Manual of Policies and Procedures, and the revision numbers canceled on the separators for the revised chapters.

The Chapter on WPA Referral is to be deleted from the Manual. Action taken by the SSWB on January 27, 1943 approved this deletion.

The new chapters were approved and the revisions were adopted by the SSWB on November 25, 1942, and December 17, 1942. All revisions become effective immediately. All actions by boards of supervisors on Applications and Notices of Change 90 days or later from the date of issuance of these revisions shall be in accord with them.

Your attention is directed particularly to the following:

Sec. 351-60 mentions the use of Form 242. This form takes the place of Forms 222 and 223, which are no longer used.

Statements contained in the manual take precedence over same material previously released in bulletins.

Form BL 227 (Reverse)

**Form BL 227 (revised)—August, 1939**  
(Formerly BL 2)  
STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE  
*Report of Physician*

**Physician's Report on Eye Examination**  
(To Accompany Application for Aid Under the Blind Law)

**THIS REPORT, TO BE VALID, MUST BE COMPLETELY FILLED OUT**

1. APPLICANT'S NAME Richard Roe 2. Sex Male 3. Race White  
4. Address 5550 25th Avenue, Sacramento  
5. Date of birth 2/11/98 6. Age at onset of impaired vision: Right eye 32 Left eye 32  
7. Residence at onset of impaired vision: Right eye Sacramento Left eye Sacramento  
8. Eye pathology primarily responsible for impaired vision  
Right eye: Glaucoma  
Left eye: Glaucoma  
9. Secondary pathological conditions, if any  
Right eye: Cataract  
Left eye: Cataract  
10. Etiological factor responsible for primary eye pathology  
Right eye: Glaucoma  
Left eye: Glaucoma  
11. If there is a history of eye injury or operation, state type and date  
Right eye: Irridectomy - 1934  
Left eye: Irridectomy - 1934  
12. Describe briefly all pathological eye findings  
Right eye:  
Cornea normal  
Iris large coloboma upward  
Pupil U shaped  
Lens opaque  
Vitreous cannot be seen  
Retina and choroid cannot be seen  
Optic nerve evidently atrophic  
Left eye:  
Cornea normal  
Iris large coloboma upward  
Pupil U shaped  
Lens opaque  
Vitreous cannot be seen  
Retina and choroid cannot be seen  
Optic nerve evidently atrophic  
13. CENTRAL VISUAL ACUITY—Use Snellen notations in recording vision as 20/200, 10/200, etc. If applicant is unable to read the "200-foot" letter on the Snellen Chart at a distance of 20 feet, he should approach the chart until he can read it. Report the visual acuity as 3/200, or 6/200, etc., with the numerator indicating the distance at which he reads, and the denominator indicating the standard letter he is able to read.  
If applicant is unable to read the largest letter on the Snellen Chart from any distance, but can see hand movements, report "Hand Movements" (H.M.) at the determined distance.  
If he is unable to see "Hand Movements" report "Light Perception" (L.P.) or "No Light Perception" (No L.P.).  
Make definite statements if possible. Symbols such as a check (V), (O), (X), or terms such as "nil," "none," "blind," "objects," "fingers," "00/200" must not be used. Use AMA reading card in determining near vision.

WITHOUT GLASSES	WITH BEST POSSIBLE CORRECTION	
Distance (20 feet)      Near (14 inches)	Distance (20 feet)	Near (14 inches)
Right eye (13a)      L.P.      (13b)      L.P.      (13c) <u>no improvement</u> (13d) <u>no improvement</u>		
Left eye (13e)      L.P.      (13f) <u>20/800 at 6 in.</u> (13g)      L.P.      (13h) <u>20/800 at 6 in.</u>		

REFRACTION RECORD—To be recorded in all cases where refraction improves visual acuity to better than 20/200.

SPHERE	CYLINDER	AXIS	— VISUAL ACUITY —
Right eye <u>no help</u>			
Left eye <u>no help</u>			

14. PERIPHERAL VISION—To be recorded in all cases where central vision is greater than 20/200. To be done on a standard perimeter with a radius of 13 inches and a white test object 6 mm. in diameter. The test object should be of such size that it subtends an angle of approximately one degree.

**RECORD OF VISUAL FIELDS**

15. Prognosis (Is there any likelihood that vision could be restored by operation or treatment?) unfavorable

16. Recommendations—Primary eye condition none

17. Recommendations—Etiological condition none

18. When should applicant be reexamined? not necessary as present condition is permanent

19. Has Wassermann examination been made? no Results \_\_\_\_\_

REMARKS:

STATE OF CALIFORNIA  
COUNTY OF Sacramento ss.

This Is To CERTIFY, That I am a duly licensed and practicing physician skilled in diseases of the eyes; that on the 8 day of July, 1942, I examined the applicant named in this report; and that this is a true and accurate description of the condition of applicant's eyes, and of the degree of impairment of vision.

Subscribed and sworn to before me this 9 day of July, 1942.

Name Roy Jones [Signature of Physician]  
Physician of County Clerk or Person qualified to acknowledge an affidavit

Title Dep. Co. Opt. Address 444-3rd St.

I HEREBY CERTIFY, That I have reviewed the above report and recommend that it be approved.

Date \_\_\_\_\_ State Ophthalmologist \_\_\_\_\_

## FORM BL 225 (Reverse)

FORM BL 225 (revised)—August, 1942

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

Sacramento

County

County No. 678

Statement of Responsible Relative of Applicant for  
Aid to the Blind

(Statutes of 1941)

Charles Keen

Name of Applicant

has made request for aid under the

 Aid to Needy Blind Law Aid to Partially Self-Supporting Blind Residents Law

Completion of this form in detail is necessary in order that proper consideration can be given to the eligibility of the applicant. After completion, please return this form to:

Sacramento County Welfare Department, County Court House, Sacramento

County Welfare Department

Address

Sections 1088 of the Aid to Needy Blind Law and 3474 of the Aid to Partially Self-Supporting Blind Residents Law provide:  
"If any applicant receiving aid under the provisions of this chapter has residing within the State a spouse, parent, or adult child, pecuniarily able to support him upon the failure of such kindred to perform their duty to support the blind person the board of supervisors may request the district attorney to proceed against them . . . The attorney attorney may, with the consent of the party, initiate action in superior court . . . against such relatives . . . (1) to recover . . . such portion of the aid granted as the courts find just relative on relatives pecuniarily able to pay and (2) to secure an order requiring the payment . . . of any sum which may become due in the future which the relative may be liable."

Responsible relatives of applicants for aid under the Aid to Needy Blind Law should give consideration to Section 1006, and responsible relatives of applicants for aid under the Aid to Partially Self-Supporting Blind Residents Law should give consideration to Section 1405, which sections read:

"Any person who, in order to secure for himself or another the aid provided in this chapter, makes a false statement under oath, shall be deemed guilty of perjury. Whenever any person has by means of false statement or representation or by impersonation or other fraudulent device obtained aid under this chapter, he shall make restitution and all actions necessary to secure restitution may be brought against him."

## STATEMENT OF RESPONSIBLE RELATIVE

I, Mary Gray, Name 32 101 6th Street  
of Redding, County of Shasta, State of California  
the daughter of Charles Keen

above named applicant for aid, do make the following answers to the questions printed below relative to my ability to assist said applicant:

Are you married? Yes. Are you living with your spouse? Yes. Have you any children? 3. If so, what are their ages? 12, 4 and 6.  
Are your minor children living in the home with you? Yes. If not, do you provide for them elsewhere?

Who is your employer? Not employed.

What is your occupation? Housewife.

Who is your spouse's employer? Don Sperry Hardware Co.

What is your spouse's occupation? Salesman.

Which of your children living in the home are employed? None.

## 1. ASSETS

Do you or your spouse own your home? Yes. Assessed Value \$203.

Have you an interest in real estate other than your home? No. Assessed Value \_\_\_\_\_.

Have you a bank account? Yes. Amount of Deposits 43.18.

Have you accounts with building and loan associations? No. Amount of Deposits \_\_\_\_\_.

Have you postal savings? No. Amount of Deposits \_\_\_\_\_.

Do you own stocks, bonds, mortgages or other securities? No. Value \_\_\_\_\_.

Have you an automobile? Yes. Make and model 1938 Ford Sedan. Value 295.00.

Do you own cash or other personal property not listed above? Yes, one U. S. Bond. Value 50.00.

Have you a safe deposit box? No.

Is there a mortgage on your home? Yes. Amount \$ 605.00.

Is there a mortgage on other real property in which you own an interest? No. Amount \_\_\_\_\_.

Is there a chattel mortgage on your personal property? No. Amount \_\_\_\_\_.

List outstanding obligations other than current household bills (Personal loans, medical or dental bills, etc.)

Doctor I. Parker (tonsillectomy) Amount 35.00.

Dr. E. W. Sills - dental bill Amount 15.00.

Amount \_\_\_\_\_.

Amount \_\_\_\_\_.

[OVER]

## 3. MONTHLY INCOME

	AMOUNT
Building and loan association?	\$ 155.00
Stocks and bonds?	none
Rentals?	"
Pensions or compensation?	"
Income from boarders and roomers other than employed children?	"
Other income? (specify)	none
Total Monthly Income From All Sources	\$ 155.00

What are your spouse's earnings?

Other income of your spouse (specify)

Total amount of board and room paid by employed children living in your household

Other household income; state source

Total Monthly Income From All Sources

## 4. MONTHLY EXPENSES

RUNNING EXPENSES ARE AS FOLLOWS—

Rent	\$	10.00
Utilities (average)	\$	60.00
Food (average)	\$	30.00
Monthly payment on home	\$	10.00
Monthly prorata of taxes or assessments	\$	5.45
Monthly prorata insurance premium	\$	30.00
Monthly cash contribution to applicant	\$	5.00
Clothing and incidentals	\$	5.00
Installment payments (itemize and show balance still due)	\$	medical bill \$35
	\$	dental bill \$15

Monthly contributions to dependents other than those living in your household—

NAME	AGE	RELATIONSHIP

Total Monthly Expenses

Remarks (explain any unusual expenses)

What monthly amount in cash will you contribute to applicant in the future? \$ none.

Are you paying premiums on the applicant's insurance? No. If so, what is the amount of the monthly premium paid? \$ none.

Will you continue to make this contribution?

Are you providing free rental for the applicant now? No. Free board? No. Free board and room? No.

Check the type of assistance you will give in the future: Free rental Free board Free board and room

Are you making any other type of contribution toward the support of the applicant? No.

If so, what?

Will this contribution continue? Yes or No

COUNTY OF Shasta STATE OF California

I solemnly swear or affirm that the statements made herein are true and correct to the best of my knowledge and belief.

[SIGNATURE OF AFFIANT] Mary Gray

Subscribed and sworn to this 14th day

of September 1942

Signed David Harris

Title Notary Public

Section 429, Political Code—No fee shall be charged when the oath of an affiant is necessary in order that a person may obtain aid from any agency or department of the United States Government, the State of California, or any subdivision thereof.

**Sec. 215-00 Restoration of Aid** W & I Code Secs. 103, 103.5, 103.6, 1560, 2140,  
OAS; ANB; APSB; ANC 2141, 2160.6, 3044, 3075, 3444, 3460, 3461.

215-00

Restoration is the granting of aid to a former recipient of the same aid in OAS, ANB, APSB, or on behalf of same child or children in ANC after discontinuance of aid for less than twelve months. (For exception in ANC see Sec. 201-25, When Application to Be Taken.) Recommendation for a restoration is submitted to the board of supervisors and the SDSW on a Notice of Change (Form Ag, Bl, CA 232). This shall give in full the reason for restoration of aid.

Restorations shall be effective as of the first day of the month in which they are acted upon by board of supervisors unless status of eligibility requires that board of supervisors specify a later date. In each instance board of supervisors shall recommend date of restoration.

Whenever aid is discontinued due to the confinement of an OAS, ANB or APSB recipient or a child receiving ANC in any public institution, the board of supervisors in its order discontinuing aid may provide that aid be restored without further order of the board of supervisors when such recipient ceases to be an inmate of the institution.

To effect this automatic restoration two notice of change forms shall be approved on the case. One orders discontinuance effective as of the last day of the month in which the recipient or the child in ANC is admitted to the institution, or, in the case of temporary medical or surgical care in OAS, ANB and APSB as of the end of the month in which the excepted eligibility period is completed; the second orders restoration with no date specified. Upon release of the recipient or the child in ANC from the institution, the second notice of change is completed showing the date of release, and immediately submitted to the SDSW. A warrant is then issued for the balance of the month during which the recipient or the child in ANC was not an inmate and claim made on the current monthly pay roll.

When a restoration, other than the automatic restoration outlined above, is requested, all points of eligibility in which there may have been any change shall be investigated before aid is restored.

The circumstances in each case will determine which eligibility factors will be redetermined but special attention shall be given to the factor which resulted in the previous discontinuance of aid. When the discontinuance has extended beyond the date when the annual reinvestigation would have been due had aid been continuous a complete investigation of all points of eligibility shall be made with the following exception. When certain points of eligibility which do not change have been established once, it is not necessary to reestablish them unless new evidence comes to light which casts doubt on the validity of the proof previously accepted, e.g., age in OAS need not be reinvestigated if it has once been determined to be over 65.

When ANC is restored after a discontinuance of less than one year for some of the children in the family group and aid has continued for the other eligible children of the family, a complete investigation shall be made of the point resulting in the discontinuance and of any other factors which may have changed.

A recipient whose aid is discontinued because of receipt of income may be ineligible for restoration of aid for one month, due to excess personal property. Should he make application at a subsequent date, his eligibility shall be investigated.

Upon verification that the amount of personal property, including any residue from the income received, is within the limit established in the law, aid shall be restored if he is otherwise eligible. The facts must establish that personal property was not reduced for the purpose of qualifying for aid.

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**351-05 Sec. 351-05 Date of Reinvestigation**  
OAS; ANB; APSB; ANC

Entire chapter was written under authority  
W & I Code Secs. 113, 114, 120, 1560, 2140, 3075, 3460.

In general the Certificate of Reinvestigation (Form Ag, Bl, CA 207, or 208, or Bl 207A or 208A) is completed during the month preceding or the anniversary month in which aid is granted. The date for completion of the reinvestigation may be adjusted according to any plan which guarantees reinvestigation of eligibility once annually. (See Form Ag, Bl, CA 207 or 208, or Bl 207A or 208A in Sec. 353-99, Forms Used in Reinvestigation Procedures.)

When aid has been discontinued and restored within a period of less than one year, reinvestigation is made during the month preceding or within the anniversary month in which the aid was originally granted. When the date of the annual reinvestigation falls within the period in which aid is discontinued, reinvestigation shall be completed on or before the date aid is restored. Subsequent reinvestigation shall be made not later than the month preceding or the anniversary month of the restoration. (See Sec. 351-00, Responsibility for Reinvestigation.)

When two or more persons in the same family group are receiving assistance although aid started at different times, reinvestigation for both may be made in the month in which the earliest reinvestigation falls due.

When ANC is restored after a discontinuance of less than one year for some of the children in a family group, while aid continues for other eligible children of the family, the reinvestigation is made in the month preceding or the anniversary month in which aid was granted for the whole family group.

**351-10 Sec. 351-10 Requirements of Reinvestigation**

OAS; ANB; APSB; ANC

Each recipient in OAS, ANB, and APSB, or in ANC, parent, guardian, or person caring for child or responsible for his placement shall be requested to sign an Affirmation of Eligibility (Form Ag, Bl, CA 206 or Bl 206A) once each year at the time of annual reinvestigation. (See Sec. 230-60, Guardianship.)

The reinvestigation shall include all points of eligibility which may have changed during the preceding year. Certain items of eligibility once established ordinarily require no further investigation as the eligibility status of the recipient in so far as those items are concerned is not changed by the passage of time; e.g., age and citizenship in OAS. If conflicting information has come to light which suggests possible ineligibility on any one of such points, all investigation necessary to determine eligibility shall be made.

In ANC, the child's residence may be changed or affected by the action of the parent or guardian or by the child's own physical presence. (See Chapter 120-00, Residence, especially Sec. 121-20, State Residence, and Sec. 122-10, ANC Determination of County Residence.)

In OAS, ANB, APSB, and ANC, the following points shall be covered:

1. Real Property
2. Personal Property (cash or securities in ANC)
3. Income
4. Relatives
5. Living arrangements (living plan in ANC)
6. Amount of aid

In ANB, and APSB, the degree of blindness of the recipient and his ability to be partially or totally self-supporting shall be reviewed.

In ANC, the following factors also shall be reviewed:

1. Classification
2. Whereabouts of parents
3. Payee-relationship
4. School attendance
5. Assistance plan

These factors are discussed in more detail in the following sections.

**Sec. 350-10 Reinvestigations in OAS**

Entire chapter was written under authority W & I  
Code Secs. 113, 114, 120, 1560, 2140, 3075, 350-10  
OAS 3460.

The county shall annually or oftener reinvestigate the recipient's eligibility to continue to receive aid under the OAS Law. The amount of aid shall be changed or aid shall be discontinued when the county finds that the recipient's circumstances have changed sufficiently to warrant such action.

**Sec. 350-15 Reinvestigation in ANC**

350-15

**ANC**

Reinvestigations in ANC shall be made annually or oftener as the circumstances of the child/children, or parent/parents require.

**Sec. 350-20 Reinvestigations, ANB, APSB Law**

350-20

**ANB; APSB**

The county shall investigate annually or oftener the qualifications of the persons receiving aid under the ANB or APSB Law and may increase or decrease the allowance within the limits prescribed in the law. If the county is satisfied that a person receiving ANB or APSB is not entitled thereto, further aid shall be denied, and the county auditor and SDSW notified of such action.

At least annually, the county shall review the case of every person receiving aid under either ANB or APSB and shall redetermine under which chapter he is eligible to receive aid for the ensuing year.

**Sec. 351-00 Responsibility for Reinvestigation**

351-00

**OAS; ANB; APSB; ANC**

Sound administration of any assistance program depends upon a thorough initial investigation of eligibility followed by periodic reinvestigations. The circumstances of recipients of aid seldom remain unchanged. Persons originally found eligible may subsequently, as a result of altered circumstances, become ineligible. In order to have reasonable assurance that OAS, ANB, and APSB recipients, or children who receive ANC, continue to qualify for such aid, their eligibility shall be redetermined at least once annually. Reinvestigation is necessary at more frequent intervals when a change in assets, income, or in ANC, a change in the child's or parents' situation, may cause ineligibility to further grants or require a change in the grant.

The decision as to frequency of reinvestigation should be based upon a consideration of all pertinent factors in each case. Certain factors in a recipient's situation which become evident during the initial investigation may indicate when the recipient's eligibility should again be reviewed.

The county's responsibility for making reinvestigations should be interpreted to the recipient. The latter's responsibility for notifying the county of changes in address, or financial situation, including changes in income, should be fully discussed with him.

The county shall re-evaluate eligibility at the time of reinvestigation in accordance with the law and rulings governing eligibility. The recipient in OAS, ANB, and APSB, and in ANC the parent, guardian, relative or person in loco parentis shall be requested to sign the Affirmation of Eligibility (Form Ag, Bl, CA 206 or Bl 206A). (See Sec. 201-15, Person Making Application.) It is the responsibility of such recipient or person, in so far as he is able, to give information to assist the county in establishing eligibility. (See Form Ag, Bl, CA 206 or Bl 206A in Sec. 353-99, Forms Used in Reinvestigation Procedures.)

**351-15 Sec. 351-15 Reinvestigation of Real Property**  
OAS; ANB; APSB; ANC

Entire chapter was written under authority  
W & I Code Secs. 113, 114, 120, 1560, 2140,  
3075, 3460.

When a statement is made on the Affirmation of Eligibility (Form Ag, Bl, CA 206 or Bl 206A) that the recipient, or in ANC the child or his parents, has not acquired real property since the last investigation and a report of an earlier two-year property search is on file, no additional property investigation need be made unless information which conflicts with the statement is found. When there is no report of a previous property search, a search shall be made for the two-year period preceding the current reinvestigation. (See Secs. 135-40, Real Property Search, and 233-00, Verification of Real and Personal Property.)

When changes in property holdings are reported on the Form Ag, Bl, CA 206 or Bl 206A or otherwise come to the attention of the county, a complete reinvestigation of property holdings shall be made. See Chapter 130-00, Real Property, for eligibility policies on real property. (See Secs. 352-10, 352-15, and 352-20, Recording of Reinvestigation.)

Transfers of real property which are revealed during the reinvestigation shall be evaluated in accordance with the provisions set forth in Sec. 135-00, Transfer of Real Property to Qualify for Aid.

The dates of verification and findings regarding real property shall be recorded in the case record.

**351-20 Sec. 351-20 Reinvestigation of Personal Property**

OAS; ANB; APSB; ANC

The amount of reinvestigation regarding personal property in OAS, ANB, and APSB, and in ANC the investigation of cash and securities, depends upon the circumstances in the case. In general, the following policies govern:

When changes in the value of personal property holdings as previously determined are reported, a complete investigation of all personal property holdings shall be made in accordance with the provisions of the respective category of aid. (For personal property considered in ANC, see Sec. 142-10, Limitations on Personal Property.) When there is a marked deviation in personal property holdings from those possessed when the preceding investigation was made, the reason for such deviation shall be ascertained and reported in the case record. When personal property was formerly substantial in amount and the amount has been appreciably reduced, funds may have been disposed of for the purpose of qualifying for aid or converted into other forms of personal property. When the facts indicate such possibility, verification shall be made of the disposition of holdings. When there has been an appreciable increase in personal property; e.g., a bank account, the source of the increase shall be ascertained.

The value of personal property which may increase in value shall be redetermined in accordance with the requirements of the specific category of aid. In ANB and APSB, the amount of encumbrances of record against personal property shall be determined.

When personal property is of fluctuating value and approaches the maximum permitted for the specific category of aid, its value shall be redetermined at least every three months.

Transfers of personal property which are revealed during the reinvestigation shall be evaluated in accordance with the provisions set forth in Sec. 146-10, Transfer or Assignment of Personal Property.

Further investigation is not necessary when the original investigation revealed no assets and information received from the recipient, or parent in ANC, or other sources, indicates no assets have been acquired since aid was granted or the case last reinvestigated.

In OAS, ANB, and APSB, further investigation is not necessary when assets which were possessed when aid was granted are such that the value decreases with lapse of time and the original investigation established their value as within the limit permitted for the specific category of aid.

**Sec. 351-11 Completion of Affirmation of Eligibility  
OAS; ANB; APSB; ANC**

Entire chapter was written under authority W & I Code Secs. 113, 114,  
120, 1560, 2140, 3075, 3460.

351-11

The Affirmation of Eligibility (Form Ag, Bl, CA 206 or Bl 206A) contains the minimum information which shall be secured annually from the recipient in OAS, ANB, and APSB or from the person responsible for child in ANC. The requirement that the recipient sign the Form Ag, Bl, CA 206 or Bl 206A before a notary or other person authorized to attest his signature is optional with the county. The completion of this form is the logical starting point of the reinvestigation process. In OAS and ANC, the county may substitute its own forms provided the substitute form contains all the information called for on Forms Ag, CA 206, respectively.

Each space on the form should be filled in with the appropriate information or the words "none" or "not known." The type of real or personal property which has been disposed of or acquired should be noted in the space provided, such as house and lot, automobile, stocks, etc.

The instructions regarding completion of signature in Sec. 202-20, The Application Form, apply likewise to this form.

The county shall give all assistance necessary in the completion of this form. The completed form shall be kept in the county case record.

In ANC, Part 1 of Form CA 206 is completed in the same way as the application form. (See Sec. 202-20, The Application Form.) Parts 2 and 3 do not require completion but are used to ascertain that the child qualifies under one of the sub-headings. Part 4 is completed with a description of the real or personal property which has been acquired or disposed of.

**Sec. 351-12 Home Visit During Reinvestigation**

351-12

**OAS; ANB; APSB; ANC**

Due to present travel restrictions, it may not be possible to interview the recipient in his home during the reinvestigation. It is therefore necessary to use substitute methods of giving service and making necessary investigations.

In OAS, ANB, and APSB the investigation shall include any one of the following procedures:

1. An interview with the recipient at his home within a three-month period prior to the completion of the reinvestigation;
2. An interview with the recipient elsewhere than in his home within the three-month period;
3. When it is impossible to make a home call or secure an interview elsewhere at the time reinvestigation is due, Affirmation of Eligibility (Form Ag, Bl 206 or Bl 206A) shall be mailed to the recipient at his home address. His actual presence at his given address shall be verified by registered letter with return receipt or by some other independent method.

In ANC the reinvestigation shall include any one of the following procedures:

1. A home call shall be made during the reinvestigation or within three months prior to completion of reinvestigation; or when this is not possible,
2. A home call shall be made within the year preceding the completion of the investigation, and an interview shall be held elsewhere within the three-month period prior to completion of reinvestigation. In the course of this interview, the living arrangements for the children shall be ascertained and points of eligibility reviewed.

**351-40 Sec. 351-40 Redetermination of Amount of Aid****OAS; ANB; APSB; ANC**

The amount of aid shall be determined in accordance with the law, rules and regulations governing the respective category of aid and on the basis of the verified findings regarding income. Any necessary change in the grant shall be made.

**351-45 Sec. 351-45 Reinvestigation for County Hospital Claims****OAS**

Reinvestigation of eligibility in accordance with the provisions of this chapter shall be made by the county for each person for whom payment of the county hospital subvention is claimed. (See Sec. 165-00, Payment to County Under W. & I. C. Sec. 2160.7.) Since such person is not himself receiving aid, no request that he sign the Recipient's Affirmation of Eligibility (Form Ag 206) is necessary. A report of any changes in his financial circumstances or his income shall be secured through interview with the person and shall be recorded in the case record.

**351-50 Sec. 351-50 Reinvestigation of Blindness****ANB; APSB**

In ANB and APSB, the degree of blindness of the recipient shall be redetermined annually by a physician skilled in diseases of the eye unless the consulting ophthalmologist has advised a reexamination is not necessary. It is desirable, if possible, that reexamination be made by a physician who has not previously examined the recipient. (See Sec. 180-50, Reexamination of Eyes to Determine Continued Eligibility.)

**351-55 Sec. 351-55 Redetermination of Eligibility Under ANB or APSB Program****ANB; APSB**

When aid has been granted under the ANB or APSB Program, the county shall redetermine annually whether the recipient shall for the ensuing year receive aid under the ANB or APSB program. (See Sec. 233-50, Verification of Plan for Self-Support.)

**351-60 Sec. 351-60 Reinvestigation of Classification****ANC**

The county shall determine if there has been any change in the basis for the classification of a child receiving ANC and the date of such change, if any.

When aid is granted under the TBF or CIF classification, eligibility shall be reestablished by the required medical reports (Forms CA 242 or 240) on the father's condition. Aid may not continue beyond the due date of the reinvestigation without the reports required on Forms CA 242 and 240. (See Secs. 235-70, Verification in TBF Classification, and 235-75, Verification of CIF Classification.)

When aid is granted under the PCI classification, the parent's presence in the institution or his status such as parole, discharge, or escape therefrom shall be verified. (See Sec. 193-30, Parent Committed to Institution, and Sec. 235-55, Verification of PCI Classification.)

When aid is granted under WFU, Illeg., or Abd. classification, eligibility from the standpoint of classification is a continuing process. All clues concerning the parents whereabouts must be followed up and every effort must be made to locate the parent, parents, or alleged father and to place responsibility. This does not apply to children declared abandoned by the court.

In reestablishing eligibility under the WFU classification the county shall determine that the Failure to Provide Warrant is unserved and undismissed.

When a change in classification occurs, eligibility under the new classification shall be established in accordance with the requirements for that classification; e.g., a change from TBF to whole-orphan classification. (See Chapter 190-00, Classification, for eligibility requirements.)

**Public Assistance Program**

Such personal property would include automobiles, farm machinery, etc. A statement of personal property holdings as reported by the person or observed by the public assistance worker shall be in the case record. In ANB and APSB, only the county assessed value of such personal property shall be considered.

In OAS, ANB, and APSB, the case record shall contain data verifying the value of personal property which was acquired, or the value received for personal property which was disposed of, according to the requirements of the specific category of aid.

In ANC the amount of cash and description of securities with date of verification shall be included in the case record.

See Chapter 140-00, Personal Property, for eligibility policies on personal property and methods of determining value of such property, and Sec. 233-00, Verification of Real and Personal Property, for methods of verification.

**Sec. 351-25 Reinvestigation of Income**

351-25

**OAS; ANB; APSB; ANC**

All income of the recipient in OAS, ANB, APSB, or of the child or family unit in ANC shall be reverified with the exception of fixed income which is known not to change such as OASI benefits, income from annuities, etc. The amount of military pensions shall be redetermined.

In ANC specific support of a child shall be reverified. This includes trust fund allowances, court orders for support from parents, and any source of income belonging only to the individual child. The parents' income or financial situation shall be verified.

The case record shall show the methods used in verifying the gross income and computing the net income.

The source and amount of the net income shall be entered on Affirmation of Eligibility (Form Ag, Bl, CA 206 or Bl 206A) in order to indicate clearly the basis for the amount of the grant.

**Sec. 351-30 Reinvestigation of Relatives**

351-30

**OAS; ANB; APSB; ANC**

The ability of all responsible relatives to assist shall be redetermined in accordance with the requirements of the respective category of aid. Completion of Certificates of Reinvestigation (Form Ag, Bl, CA 207, or Bl 207A, or Ag, Bl, CA 208, Bl 208A) shall not be withheld pending receipt of all information from relatives regarding their contributions or circumstances if the information secured from the recipient and from other sources indicates that the relatives are not assisting. (See Chapter 170-00, Relatives.)

In OAS, ANB, and APSB efforts made or procedures followed to secure support from responsible relatives who have the pecuniary ability to assist, according to the requirements of the respective category of aid, shall be recorded in the case history or on the reverse of Affirmation of Eligibility (Form Ag, Bl 206 or Bl 206A).

**Sec. 351-35 Reinvestigation of Living Arrangements**

351-35

**OAS; ANB; APSB; ANC**

The present living arrangements shall be verified. (See Sec. 351-12, Home Visit During Reinvestigation.)

If, in OAS, a recipient has been in a hospital or institution since the last investigation, the case record shall contain a detailed statement giving the name and type of institution, dates of admission and of discharge, and a statement as to the eligibility of the recipient for aid during this period. (See Chapter 160-00, Institution Inmates.)

When an ANB or APSB recipient has been in a hospital or institution since the last investigation, his eligibility to receive aid while an inmate shall be determined during the reinvestigation if it was not determined prior to his release. (See Chapter 160-00.)

In ANC the living plan for each child shall be verified.

## 352-10 Sec. 352-10 Recording of Reinvestigation in ANC

## ANC

The results of the reinvestigation shall be recorded under County Report of Eligibility Reinvestigation on the reverse of Affirmation of Eligibility (Form CA 206). A substitute method may be adopted by the county, subject to approval by the SDSW, provided it covers all the information requested on the reverse side of Form CA 206.

Instructions for completion of these items on the form follow:

- Item 1A. Enter classification (See Sec. 351-60, Reinvestigation of Classification) according to appropriate abbreviation. (See Sec. 237-75, Instructions for Certificate of Eligibility.) If children in the same family group are granted aid under different classifications, enter the second classification in the second space provided for this purpose.
- Item 1B. Enter evidence verifying classification. The description of evidence shall indicate whether eligibility under the appropriate classification is determined by the mother, father, or both parents, the nature of evidence verifying classification and the date of any change in classification.
- Item 2. Enter whereabouts of parents. (See Sec. 351-65, Reinvestigation of Payee, Parents' Whereabouts and Assistance Plan.)
- Item 3. Enter the given names of the children who are receiving aid under the classification listed in Item 1A. For example, when there are two fathers and hence two classifications, enter the given name of children receiving aid under the second classification under the second Item "3." The second Item "3" may be used to enter names of children in the same classification when there are more than five children in the family group. Mark out the second "1A," "1B" and "2" when the second "3" is used in this way. Use a rider for any additional children or for any additional set of parents and classification in the same family.
- Item 4. Enter living plan for each child by appropriate abbreviation. (See Secs. 351-35, Reinvestigation of Living Arrangements, and 237-75.)
- Item 5. Enter under Item 5A family relationship or other relationship, of the payee to each child in order to determine eligibility to Federal participation. Record under Item 5B the payee's name when the payee is other than the applicant. When the payee and applicant are the same person, draw a line through Item 5B. (See Sec. 351-65.)
- Item 6A. Indicate by checking "yes" or "no" whether each child between 16 and 18, otherwise eligible to Federal participation, is regularly attending school. (See Secs. 235-25, Verification of School Attendance, and 351-75, Reinvestigation of School Attendance.) When a child is not between 16 and 18 or does not qualify for Federal participation, record "none" or draw a line through space under this item.
- Item 6B. Record nature of evidence and date school attendance or nonattendance was last verified.
- Item 7A(1). Enter total assessed valuation of all real property holdings of parent, parents, and/or child or children.
- Item 7A(2). Enter verified value of cash or securities owned by parent, parents, and/or child or children. (If face value of insurance policies is used in determining value of personal property, include face value in total of cash and securities. See Sec. 143-89, Verification of Insurance.)
- Item 7A(3). Enter "no" if no transfer of either real or personal property was made for the purpose of qualifying for aid. If the facts determine that a transfer of property was made to qualify for aid, ineligibility is indicated. (See Sec. 135-00, Transfer of Real Property to Qualify for Aid, and Sec. 146-10, Transfer or Assignment of Personal Property.)
- Item 7B(1). Enter evidence verifying assessed value of real property holdings. (See Sec. 351-15, Reinvestigation of Real Property.)
- Item 7B(2). Enter evidence verifying Item 7A(2). (See Sec. 351-20, Reinvestigation of Personal Property.) If face value of insurance policies is used in determining value of personal property, indicate by "F.V." (See Sec. 143-89.)
- Item 7B(3). When investigation reveals that there has been no assignment or transfer of real or personal property, enter "Investigation reveals none."
- Item 8A. Indicate in appropriate square whether child is receiving \$25 or more for his specific support from other than ANC funds. If answer is "yes," give name of child/children. (See Sec. 351-25, Reinvestigation of Income.)
- Item 8B. No entry is required under this item if answer to 8A is "no." Enter evidence verifying specific support if 8A is answered "yes."

**Sec. 351-65 Reinvestigation of Payee, Parents' Whereabouts and Assistance Plan**

351-65

ANC

The relationship, if any, which the payee bears to the child should be redetermined whenever there is a change in the payee.

Efforts should be made to redetermine the whereabouts of living parents. (See Sec. 352-10, Recording of Reinvestigation in ANC.)

The reinvestigation of assistance plan shall include verification of income including parents' wages, parents' actual contributions, earnings of minor children, income from securities, trust funds, pensions, etc. The parents' financial situation shall be redetermined as evidence of their ability to support.

The amount needed for the child shall be redetermined. This includes the reestablishment of need on a budgetary or cost of care basis, depending on the plan for the children.

**Sec. 351-75 Reinvestigation of School Attendance**

351-75

ANC

School attendance shall be verified each term or semester for all children between 16 and 18 receiving ANC, including those who were previously reported as not attending school as outlined in Sec. 235-20, School Attendance as Requirement for Federal Participation, and Sec. 235-25, Verification of School Attendance.

**Sec. 351-80 Reinvestigation During Absence From the State**

351-80

OAS; ANB; APSB; ANC

In OAS, ANB, and APSB when reinvestigation of eligibility falls due during a period of absence from the State, the recipient shall be requested to complete the Affirmation of Eligibility (Form Ag, Bl 206 or Bl 206A). The requirement that the recipient have his signature acknowledged before a notary or other person authorized to attest his signature is optional with the county. (See Secs. 353-05, Report Required of Recipient Who Leaves State, and 123-05, Continuance of Aid While Recipient Absent From State.) The recipient shall return Form Ag, Bl 206 or Bl 206A with a statement of his intent with respect to residence and his living arrangements. The investigation shall be completed in accordance with the usual reinvestigation procedure for the particular category of aid, except that a home call need not be made. (See Sec. 351-12, Home Visit During Reinvestigation.)

In ANB and APSB the SDSW will assist in arranging for an acceptable eye examination upon written request from the county.

In ANC if reinvestigation of eligibility falls due during a period of absence from the State, the welfare department in the locality where the child is living shall be requested to assist in the completion of the Affirmation of Eligibility (Form CA 206).

**Sec. 351-90 Reinvestigation During Transfer of Aid From One County to Another**

351-90

OAS; ANB; APSB; ANC

When the due date of reinvestigation falls within the three months immediately preceding the effective date of transfer of aid from one county to another, the county currently paying aid need not make the reinvestigation as the second county will be making an investigation before it grants aid. (See Sec. 370-00, Transfer of Aid.)

In ANB and APSB when an annual reexamination of the eyes is required in connection with the reinvestigation, which would have been made had the person not moved to another county, the payment for such examination shall be made by the county currently paying aid.

352-15 Sec. 352-15 Recording of Reinvestigation in OAS

OAS

The results of the reinvestigation shall be recorded under County Report of Eligibility Investigation on reverse of Affirmation of Eligibility (Form Ag 206). Information may be recorded elsewhere in the case record in lieu of recording on the reverse of Form Ag 206. Reference is then made on the reverse of Form Ag 206 to the location of the material in the case record.

Instructions for completion of these items follow:

- Item 1. Real Property—When circumstances require real property reinvestigation (see Sec. 351-15, Reinvestigation of Real Property), enter dates of verification and findings here or indicate where such material may be found in the case record.
  - Item 2. Personal Property—When personal property reinvestigation is required (see Sec. 351-20, Reinvestigation of Personal Property), record dates of verification of findings here or indicate where such material may be found in the case record.
  - Item 3. Income—Enter all income with verification and source. Under source of "Income" record "home owned," for every recipient who lives in a home owned outright or in which he has an interest. Record value of use and occupancy as computed in accordance with rules and regulations of SDSW. When there is no net value of use and occupancy, write "none."
  - Item 4. Responsible relatives—Delete mention of income tax return. Indicate whether responsible relatives have been requested to sign sworn statement, which relatives have ability to assist, and efforts to secure such assistance. (See Sec. 351-30, Reinvestigation of Relatives.)
- Items 5, 6, 7, and 8 are self-explanatory. The date is the date the worker completed the reverse of Form Ag 206.

- Item 9A. Indicate in appropriate square under (1) whether parents not living with children are able to contribute. If answer is "yes," enter under (2) the amount of actual contribution.
- Item 9B. 1. Enter evidence verifying parents' income or financial situation, indicating ability to support.  
2. Enter means of verification of parents' actual contribution.
- Item 10A. Two alternate assistance plans are provided—one for children in their own home, the other for children in boarding homes, institutions, or with relatives. (Item 11.)  
1. Enter total budget for family unit.  
2. Enter total net income to family unit.  
3. Enter deficiency; i.e., difference between 1 and 2.  
4. Enter ANC grant.
- Item 10B. Items 1, 3, and 4 of Item 10A are verified by the information on the Budget Work Sheet (Form Gen M48). When this is not used, the county record shall contain an explanation of the method of estimating the budget, and this is noted under the above headings.  
2. Enter each item such as parent's wages, income from securities, etc., which is a part of total net income to family unit and the nature of the evidence verifying each item. (See Sec. 351-25.)
- Item 11A. 1. Enter number of children and amount needed or charged for their care.  
2. Record total contribution from parent/parents for child or children's care.  
3. Indicate other income to child/children.  
4. Record deficiency.  
5. Record ANC grant.
- Item 11B. 1. Indicate means of verifying amount needed when documentary evidence of amount is not available. When documentary evidence is available, indicate nature and date of same.  
2. Enter cross reference to Item 9B.  
3. Enter source and method of verifying other income.  
4. No recording required.  
5. No recording required.
- Item 12. Enter date last home visit. (See Sec. 351-12, Home Visit During Reinvestigation.)
- Item 13. Enter amount of aid. (See Sec. 351-40, Redetermination of Amount of Aid.)
- Item 14. Enter date of completion of reinvestigation. The county worker who made the reinvestigation signs the form.

353-00 **Sec. 353-00 Other Reinvestigations**

OAS; ANB; APSB; ANC

Upon receipt of a report of an alleged resource or other unverified information which raises question regarding a recipient's, or in ANC a parent's or child's, continued eligibility, appropriate investigation shall be initiated promptly. A sustained effort shall be made to complete the investigation within the first month following that in which the report causing the investigation is received.

353-05 **Sec. 353-05 Report Required of Recipient Who Leaves State**

OAS; ANB; APSB; ANC

A recipient of OAS, ANB, or APSB who plans to go or goes to another state and whose aid continues beyond the second month following departure due to "unusual circumstances," shall report before leaving, or not later than two months after departure, his intent with regard to residence. (See Sec. 123-05, Continuance of Aid While Recipient Absent From State.) He shall also report his living arrangements in the new locality, any change in his income because of the change in living plan, and the contribution, if any, required to cover his share of expense in the household.

When a child receiving ANC accompanies his parent to another state and aid continues beyond the second month following departure, the parent shall comply with these requirements.

In ANC, arrangements shall be made periodically with the welfare department in the locality where the child is living, to contact the recipient to determine that the child is receiving adequate care.

When warrants are mailed out of the State on a continuing basis, the county may verify the whereabouts of the recipients by forwarding occasional warrants by registered mail with a return receipt requested.

353-20 **Sec. 353-20 Changes in Aid Following Reinvestigation**

OAS; ANB; APSB; ANC

When a reinvestigation, either annual or otherwise, indicates a change in the amount of the grant, such change shall be made as soon as administratively possible. A Notice of Change (Form Ag, Bl. CA 232) shall be submitted to the SDSW not later than 15 days after action by the board of supervisors. (See Sec. 360-25, Reasons for Changes in Amount of Aid.)

**Sec. 352-20 Recording of Reinvestigation in ANB and APSB**

352-20

ANB; APSB

The results of reinvestigation shall be recorded under County Report of Eligibility Reinvestigation on the reverse of Affirmation of Eligibility (Form Bl 206, Bl 206A) or elsewhere in the case record. If the latter, reference shall be made on the reverse of Form Bl 206 or Bl 206A to the location of the material in the case record. Instructions for completion of items follow:

Items 1, 7, 8, 9, and 10 of Form Bl 206 and Items 1, 6, 7, 8, and 9 of Form Bl 206A are self-explanatory.

Item 2. Real property—When circumstances require real property reinvestigation (see Sec. 351-15, Reinvestigation of Real Property), enter dates of verification and findings here or indicate where such material may be found in the case record.

Item 3. Personal property—When personal property reinvestigation is required by circumstances (see Sec. 351-20, Reinvestigation of Personal Property), record dates of verifications and findings here or indicate where such material may be found in the case record.

Item 4. Income—For ANB enter all income with verification and source. Under source of "Income" record "Home owned," for every recipient who lives in a home owned outright or in which he has an interest. Record value of use and occupancy as computed in accordance with rules and regulations of SDSW. When there is no net value of use and occupancy, write "none." For APSB enter "Exempt Income" or "Non-exempt Income," according to provisions of law, with verification and source.

Item 5. Need in excess of \$50 per month—In ANB when aid in excess of \$50 is granted, enter the nature of the need which is in excess of \$50 per month with verification of need and amount of same.

Item 6. APSB—Plan for self-support—When aid is granted under APSB Law, verification of the plan of self-support with date and source of information shall be included on the reverse of Form Bl 206A. (See Sec. 351-55, Determination of Eligibility Under ANB and APSB Program.)

ANB—Plan for self-support—When in ANB continued eligibility is dependent upon recipient having a plan of rehabilitation, verification of such plan is recorded here.

The date at the bottom of the form is the date the worker completed the reverse of Form Bl 206 or Bl 206A.

**Sec. 352-25 Notification of SDSW of Completion of Reinvestigation**

352-25

OAS; ANB; APSB; ANC

Counties may follow either of two plans in notifying the SDSW of completion of reinvestigation.

1. The Individual Certificate of Reinvestigation of Eligibility (Form Ag, Bl, CA 207, Bl 207A) is prepared in duplicate on each case when the reinvestigation has been completed. One copy is forwarded to the SDSW and one copy remains in the county case record.
2. The List Certificate of Reinvestigation of Eligibility (Form Ag, Bl, CA 208, Bl 208A) is prepared in duplicate when the reinvestigation has been completed on a number of cases. One copy is forwarded to the SDSW and one copy remains in the county office.

These forms certify that eligibility has been reestablished and that supporting evidence is on file in the county record. The certification is prepared after the Affirmation of Eligibility (Form Ag, Bl, CA 206, Bl 206A) has been signed by the recipient and eligibility has been reestablished.

The date reinvestigation was completed is defined as the date on which the case supervisor or county welfare director signs Form Ag, Bl, CA 207, or Bl 207A.

The county shall forward one copy of Form Ag, Bl, CA 207, Bl 207A, or Form Ag, Bl, CA 208, Bl 208A, to the SDSW as soon as possible after the reinvestigations reported thereon are completed.



FORM AG 206 (revised)—June, 1941  
(Formerly Ag 59)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

**RECIPIENT'S AFFIRMATION OF ELIGIBILITY  
FOR OLD AGE SECURITY**

I, John Doe, residing at 419 4th Street,  
City Sacramento, County of Sacramento,  
California, herewith affirm my belief that I am eligible for Old Age Security, to wit:  
I do not own real property with an assessed value in excess of three thousand dollars (\$3,000.00).  
The combined real property of my spouse and myself does not have an assessed value in excess of three thousand dollars (\$3,000.00).

I live in a home owned in whole or in part X Yes No

My spouse and/or I have acquired real property consisting of none since my last application for Old Age Security.

My spouse and/or I have disposed of real property consisting of none since my last application for Old Age Security.

I do not have personal property in excess of five hundred dollars (\$500.00).

I have acquired personal property consisting of none since my last application for Old Age Security.

I have disposed of personal property consisting of none since my last application for Old Age Security.

I am in need. I have income, not including Old Age Security, as follows:

SOURCE	AMOUNT OF CASH	OTHER THAN CASH—SPECIFY SUCH AS FREE RENT, FOOD, ETC
Spouse . . . . .	\$ <u>none</u>	<u>none</u>
Children . . . . .	\$ <u>15.00</u>	<u>#</u>
Other Relatives or Friends . . . . .	\$ <u>none</u>	<u>#</u>
Earnings . . . . .	\$ <u>#</u>	<u>#</u>
Rentals or Proceeds of Sale of Property . . . . .	\$ <u>#</u>	<u>#</u>
Annuities or Insurance . . . . .	\$ <u>#</u>	<u>#</u>
Stock Dividends . . . . .	\$ <u>#</u>	<u>#</u>
Interest . . . . .	\$ <u>#</u>	<u>#</u>
Social Security Benefits . . . . .	\$ <u>#</u>	<u>#</u>
Civil, Military or Fraternal Pensions . . . . .	\$ <u>#</u>	<u>#</u>
Other . . . . .	\$ <u>#</u>	<u>#</u>

I have received during the past year, other than Old Age Security, income from the following sources \$15.00 per month from son

My spouse is living Yes. His, or her, address is 419 4th Street, Sacramento.  
Yes or No

I have 3 living children.  
I have been an inmate of a hospital or institution since my last application for Old Age Security No.  
Yes or No

I solemnly swear or affirm that the statements above set forth are true and correct to the best of my knowledge and belief, and that I will notify the county authorities promptly of any change in my income or in my property holdings or financial condition, and of any change in address.

NOTE.—When recipient can not sign his name, the signature of two witnesses to his mark must appear.

John Doe  
Signature or Mark of Applicant

Witness to Mark

NOTE: Optional with county whether or not signature is attested.  
Subscribed and sworn to before me this day of 19.

NAME \_\_\_\_\_ Title \_\_\_\_\_

Signature of County Clerk or  
Person Qualified to Acknowledge an Affidavit

FORM AG 206

**County Report of Eligibility Investigation**

1. **Real Property:** Verified information and source thereof.

No change in holdings reported by recipient. Report of two year search  
for period prior to application on file.

2. **Personal Property:** Verified information and source thereof.

Only personal property is the 1931 Ford possessed when aid began and Bank  
of America account. Balance on 11/20/42 was \$85. Bank report on file.

3. **Income:** Verified information and source thereof.

SOURCE	AMOUNT	SOURCE	AMOUNT
son James	\$ <u>15.00</u>	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

4. **Responsible Relatives:** Has each been requested to sign Form Ag 225? Yes

Which relatives are considered to have a degree of liability under the Relative's Contribution Scale? son, James

5. Date of last home visit to recipient 11-20-42. If visit was not made, indicate the substitute contact \_\_\_\_\_

6. Present living arrangement: (Check one)

Alone  With relatives  Boarding home   
Private institution  Other   
Give Name \_\_\_\_\_

7. Amount of Old Age Security to which recipient is eligible? \$25.00

James Martin  
Signature of County Investigator 11/20/42

FORM AG 206 (Reverse)  
353-99

Sec. 353-99 Forms Used in Reinvestigation Procedure

Public Assistance Program

CONTINUING SERVICES

Entire chapter was written under authority of & I Code  
Secs. 113, 114, 120, 1560, 2140, 3075, 3460.

353-99

Entire chapter was written under authority of I & I  
Code Secs. 113, 114, 120, 1560, 2140, 3075, 3460.

## FORM BL 206A (Reverse)

**FORM BL 206A—May, 1942**

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

RECIPIENT'S AFFIRMATION OF ELIGIBILITY  
FOR AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS

1. MARY WHITE, residing at 126 Birch Street,  
CITY OF OAKLAND, COUNTY OF ALAMEDA, STREET NUMBER OR R.F.D.  
(If in institution, give name)

CALIFORNIA, HEREBY AFFIRM THAT I AM UNABLE TO FULLY SUPPORT MYSELF AND BELIEVE THAT I AM ELIGIBLE FOR AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS TO WHOM:

1. I AM BLIND TO THE EXTENT: TOTALLY X PARTIALLY    DEGREE, IF KNOWN  
2. I DO NOT OWN REAL AND/OR PERSONAL PROPERTY WITH A COUNTY ASSESSED VALUE, LESS ENCUMBRANCE OF RECORD, IN EXCESS OF THREE THOUSAND DOLLARS (\$3,000).  
3. SINCE MY LAST APPLICATION FOR AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS:  
(A) I HAVE ACQUIRED REAL PROPERTY CONSISTING OF NONE  
(B) I HAVE DISPOSED OF REAL PROPERTY CONSISTING OF NONE  
(C) I HAVE ACQUIRED PERSONAL PROPERTY CONSISTING OF NONE  
(D) I HAVE DISPOSED OF PERSONAL PROPERTY CONSISTING OF NONE

4. I HAVE INCOME, NOT INCLUDING AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS, AS FOLLOWS:

SOURCE OF INCOME	AMOUNT OF CASH	OTHER THAN CASH SPECIFY SUCH AS FARE RENTS, FOOD, ETC.
LABOR AND SERVICES	\$ 30.00	
REAL PROPERTY	None	
PERSONAL PROPERTY	None	
INSURANCE	None	
PENSIONS (MILITARY, CIVIL, OR INDUSTRIAL)	None	
RESPONSIBLE RELATIVES (SPOUSE, PARENTS, ADULT CHILDREN, OTHERS)		
ADULT CHILDREN	\$ 00	

OTHER: (Specify)

5. I LIVE IN A HOME WHICH I OWN IN WHOLE OR IN PART YES,  
YES OR NO

6. I HAVE RECEIVED DURING THE PAST YEAR, OTHER THAN AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS, INCOME FROM THE FOLLOWING SOURCES: EARNINGS OF \$30.00 MONTHLY AND \$5.00 PER MONTH FROM MY SON, EARL

7. I HAVE A PLAN FOR ACHIEVING SELF-SUPPORT YES, TYPE OF PLAN PART-TIME TYPIST AND OFFICE WORK, YES OR NO

8. I AM WILLING TO USE INCOME AND RESOURCES WHICH I AM PERMITTED TO RETAIN FOR THE PURPOSE OF ACHIEVING SELF-SUPPORT

9. RELATIVES: I HAVE THE FOLLOWING RESPONSIBLE RELATIVES (SPOUSE, ADULT CHILDREN, PARENTS) AND RECEIVE SUPPORT FROM THEM IN THE AMOUNT OF \$ 5.00

NAME	ADDRESS
SPOUSE DECEASED	
ADULT CHILDREN EARL WHITE	1715 ARCHMONT PL., OAKLAND
ADULT CHILDREN ALICE WHITE	604 WILLOW AVENUE, EUGENE, OREGON
FATHER	IRVIN WHITE
MOTHER	126 EDGEWOOD AVE., SAN DIEGO

10. I DO NOT SOLICIT ALMS.

11. I HAVE BEEN AN INMATE OF A HOSPITAL OR INSTITUTION SINCE MY LAST APPLICATION FOR AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS NO, IF SO, GIVE NAME OF HOSPITAL OR INSTITUTION   , YES OR NO.

I SOLEMNLY SWEAR OR AFFIRM THAT THE STATEMENTS ABOVE SET FORTH WHICH HAVE BEEN READ TO ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I WILL NOTIFY THE COUNTY AUTHORITIES PROMPTLY OF ANY CHANGE IN MY INCOME, PROPERTY HOLDINGS, FINANCIAL CONDITION, MARITAL STATUS, OR ADDRESS.

NOTE: WHEN RECIPIENT CANNOT SIGN HIS NAME,  
THE SIGNATURE OF TWO WITNESSES TO HIS  
MARK MUST APPEAR

Mary White  
SIGNATURE OR MARK OF RECIPIENT

NOTE: Optional with county whether or not  
signature is attested.

WITNESS TO MARK

WITNESS TO MARK

SUBSCRIBED AND SWORN TO BEFORE ME THIS 2ND DAY OF NOVEMBER 1942

NAME William Glover TITLE Deputy County Clerk  
SIGNATURE OF PERSON AUTHORIZED TO ACKNOWLEDGE  
AN AFFIDAVIT

SECTION 4295, POLITICAL CODE, AS AMENDED BY 1939 LEGISLATURE PROVIDES, IN PART:  
(5) "WHENEVER THE OATH OF AN AFFIANT OR THE AFFIDAVIT OF A PERSON IS NECESSARY IN ORDER THAT A PERSON MAY OBTAIN CHARITY OR RELIEF FROM ANY AGENCY OR DEPARTMENT OF THE UNITED STATES GOVERNMENT, THE STATE OF CALIFORNIA, OR ANY POLITICAL SUBDIVISION THEREOF, NO FEE SHALL BE CHARGED FOR THE TAKING OF SUCH OATH."

## FORM BL 206A

COUNTY REPORT OF ELIGIBILITY REINVESTIGATION

1. BLINDNESS. DATE OF LATEST PHYSICIAN'S REPORT OF EYE EXAMINATION NOVEMBER 20, 1942

2. REAL PROPERTY. VERIFIED INFORMATION AND SOURCE THEREOF  
NO CHANGE IN PROPERTY SINCE PROPERTY SEARCH OF 10-10-41.

3. PERSONAL PROPERTY. VERIFIED INFORMATION AND SOURCE THEREOF  
NO CHANGE IN PERSONAL PROPERTY SINCE LAST INVESTIGATION - INSURANCE POLICY EXEMPT - POLICY SEEN 10-15-41

4. INCOME. VERIFIED INFORMATION AND SOURCE THEREOF

SOURCE	AMOUNT	HOW VERIFIED
EXEMPT: EARNINGS	\$ 30.00	LET. 11-27-42 FROM PARKER AND SON WHOLESALE GROCERY CO. IN CO. FILE
NON-EXEMPT: SON, EARL	5.00	INTVIEW WITH SON 12-10-42; FORM BL 225 ON FILE

5. PLAN FOR SELF-SUPPORT. VERIFIED INFORMATION AND SOURCE THEREOF  
INTERVIEW WITH RECIPIENT 11-18-42 AND LETTER FROM EMPLOYER, PARKER AND SON, DATED 11-27-42

6. RESPONSIBLE RELATIVES. HAS EACH BEEN INTERVIEWED OR REQUESTED TO SIGN FORM BL 225, STATEMENT OF RESPONSIBLE RELATIVES, YES. OF THOSE INTERVIEWED OR WHO FILED FORM BL 225, STATEMENT OF RESPONSIBLE RELATIVE, WHICH RELATIVES APPEAR TO HAVE ABILITY TO ASSIST? SON, EARL CONTRIBUTING \$5.00

WHAT EFFORTS HAVE BEEN MADE TO SECURE ASSISTANCE FROM THOSE RESPONSIBLE RELATIVES WHO HAVE PECUNIARY ABILITY TO ASSIST, AND ARE NOT CONTRIBUTING TO THE EXTENT OF THEIR ABILITY? None ABLE

7. DATE OF LAST HOME VISIT 11-18-42 DATE OF LAST PERSONAL INTERVIEW 12-14-42

8. PRESENT LIVING ARRANGEMENTS: (CHECK ONE)  
ALONE  WITH RELATIVES  BOARDING HOME   
PRIVATE INSTITUTION  (GIVE NAME)  OTHER  (SPECIFY)

9. AMOUNT OF AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS TO WHICH RECIPIENT IS ELIGIBLE \$ 35.00

Marie Shaw  
SIGNATURE OF COUNTY WORKER  
DATE 12-17-42

## FORM BL 206 (revised) — May, 1942

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFAREState No. Sac 80 Bl  
County No. 1123

## RECIPIENT'S AFFIRMATION OF ELIGIBILITY FOR AID TO NEEDY BLIND

I, William Smith, residing at Rte. 1, Box 62  
 CITY OF Sacramento COUNTY OF Sacramento  
 STATE OR TYPE NAME IN FULL STREET NUMBER OR R.F.D. (If in institution, give name)

California, herewith affirm that I am in need and believe that I am eligible for Aid to Needy Blind to wit:

1. I am blind to the extent—Totally  Partially  Degree, if known
2. I do not own real and/or personal property with a county assessed value, less encumbrance of record, in excess of three thousand dollars (\$3,000).
3. I have cash or securities in the amount of \$ 395.00.
4. Since my last application for Aid to Needy Blind:

(A) I have acquired real property consisting of None

(B) I have disposed of real property consisting of None

(C) I have acquired personal property consisting of None

(D) I have disposed of personal property consisting of None

5. I have income, not including Aid to Needy Blind, as follows:

SOURCE OF INCOME	AMOUNT OF CASH	OTHER THAN CASH SPECIFY SUCH AS FREE RENT, FOOD, ETC.
Labor and Services	\$ None	
Real Property	\$ None	
Personal Property	\$ None	
Insurance	\$ None	
Pensions (Military, civil or industrial)	\$ None	
Responsible Relatives (Spouse, parents, adult children)	\$ None	Free rent and utilities
Other: (specify)	\$ None	

6. I live in a home which I own in whole or in part  No  Yes or No7. I have received during the past year, other than Aid to Needy Blind, income from the following sources:  
mother and father8. I have a plan for achieving self-support  No  Yes or No Type of plan

9. RELATIVES: I have the following responsible relatives (spouse, adult children, parents) and receive support from them in the amount of \$ free rent and utilities (valued at \$8.00)

NAME	ADDRESS
Spouse	
Adult Children	None
Father	John Smith
Mother	Agnes Smith
	Rte. 1, Box 62, Sacramento
	Rte. 1, Box 62, Sacramento

10. I do not solicit alms.

11. I have been an inmate of a hospital or institution since my last application for Aid to Needy Blind  No  Yes or NoIf so, give name of hospital or institution  
I solemnly swear or affirm that the statements above set forth which have been read to me are true and correct to the best of my knowledge and belief, and that I will notify the county authorities promptly of any change in my income, property holdings, financial condition, marital status, or address.

NOTE: When recipient cannot sign his name, the signature of two witnesses to his mark must appear.

William Smith  
SIGNATURE OR MARK OF RECIPIENT

WITNESS TO MARK

Subscribed and sworn to before me this 30th day of October 1942  
 Name: Mary Williams Title: Deputy County Clerk  
 Signature of person authorized to acknowledge an affidavit

Section 4295, Political Code, as amended by 1939 Legislature provides, in part:  
 "(5) Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

## County Report of Eligibility Reinvestigation

1. Blindness. Date of latest physician's report of eye examination November 22, 1942

2. Real Property. Verified information and source thereof.

No change. Recipient continues to live with his parents.

3. Personal Property. Verified information and source thereof.

No change in personal property. \$500 insurance policy seen 12-1-42

4. Income. Verified information and source thereof.

SOURCE	AMOUNT	HOW VERIFIED
Parents give free rent and utilities. Insurance premium paid by parents.	\$ 8.00 1.50	Estimated amount for type of home. Insurance Policy #16842 seen 12-1-42. In applicant's possession.

5. Need in Excess of \$50.00 Per Month.

NATURE	HOW VERIFIED	AMOUNT	HOW VERIFIED
		\$	

6. Plan for Self-Support. Verified information and source thereof.

Is eligibility for Aid to Partially Self-Supporting Blind Residents indicated?  No  Yes or NoIf so, has Form Bl 200A, Application for Aid to Partially Self-Supporting Blind Residents, been signed?  No7. Responsible Relatives. Has each been interviewed or requested to sign Form Bl 225, Statement of Responsible Relative?  Yes  NoOf those interviewed or who filed Form Bl 225, Statement of Responsible Relatives, which relatives appear to have ability to assist?  Parents assisting to best of their abilityWhat efforts have been made to secure assistance from those responsible relatives who have pecuniary ability to assist, and are not contributing to the extent of their ability?  None

8. Date of last home visit 12-1-42 Date of last personal interview 12-1-42

9. Present living arrangement (check one): Alone  With Relatives  Boarding home Private institution  Other  Give Name \_\_\_\_\_ (Specify)

10. Amount of Aid to Needy Blind to which recipient is eligible \$ 40.50

Daisy Cash  
SIGNATURE OF COUNTY WORKER12-16-42  
DATE

FORM BL 206 (Reverse)

FORM BL 208A

FORM BL 208 (revised)—May, 1942

**STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE**

**List Certificate of Reinvestigation of Eligibility  
For Aid to Needy Blind**

*From* Sacramento *To* County

To: DEPARTMENT OF SOCIAL WELFARE  
616 K Street  
Sacramento, California

I hereby certify that the eligibility of the following named recipients has been verified by investigation. Form Bl 206, Recipient's Affirmation of Eligibility for Aid to Needy Blind, and supporting evidence is on file in the county office, and is open to inspection by duly authorized State and Federal representatives.

To the best of my knowledge and belief the following are eligible for Aid to Needy Blind under the existing law.

Alice Jones  
Signature of Case Supervisor or Director

Signature of Case Supervisor or Director

STATE NO.	COUNTY NO.	NAME	SUPERVISOR OR DIRECTOR
Sac 101 Bl	3-999	Richard Roe	11-30-42
Sac 119 Bl	4-011	Mary Smith	"
Sac 221 Bl	4-932	Jane Jones	"

**Submit ONE COPY to  
State Department of Social Welfare  
616 K Street, Sacramento, California  
ONE COPY TO REMAIN IN COUNTY  
WELFARE OFFICE**

FORM BL 208A—May, 1942

**STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE**

Submit ONE COPY to  
State Department of Social Welfare  
616 K Street, Sacramento, California  
One Copy to Remain in County Welfare Office

LIST CERTIFICATE OF REINVESTIGATION OF ELIGIBILITY  
FOR AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS

From Sacramento County

To: Department of Social Welfare  
616 K Street  
Sacramento, California

I hereby certify that the eligibility of the following named recipients has been verified by investigation. Form BI 206A, Recipient's Affirmation of Eligibility for Aid to Partially Self-Supporting Blind Residents, and supporting evidence is on file in the county office, and is open to inspection by duly authorized State and Federal representatives.

To the best of my knowledge and belief the following are eligible to Aid to Partially Self-Supporting Blind Residents under the existing law.

Alice Jones  
Signature of Case Supervisor or Director

Date reviewed by Case  
Supervisor or Director

State No.	County No.	Name	Date reviewed by Case Supervisor or Director
Sac 301 bl	2-555	Richard Roe	11-30-42
Sac 410 bl	3-116	Jane Smith	11-30-42
Sac 489 bl	3-777	Alice Wright	11-30-42

Entire chapter was written under authority  
W & I Code Secs. 113, 114, 120, 156<sup>o</sup>, 214,  
3075, 3460.

Entire chapter was written under authority of I  
Code Secs. 113, 114, 120, 1560, 2140, 3075, 3460

FORM BL 207A

## FORM BL 207 (revised)—May, 1942

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

**Submit ONE COPY to**  
State Department of Social Welfare  
616 K Street, Sacramento, California  
ONE COPY TO REMAIN IN COUNTY  
WELFARE OFFICE

Individual Certificate of Reinvestigation of  
Eligibility for Aid to Needy Blind

County Sacramento  
Name Richard Roe  
State No. Sac 101 Bl County No. 3-999

To: DEPARTMENT OF SOCIAL WELFARE  
616 K Street  
Sacramento, California

I HEREBY CERTIFY That the eligibility of the above named has been verified by investigation. Form Bl 206, Recipient's Affirmation of Eligibility for Aid to Needy Blind, and supporting evidence is on file in the county office, and is open to inspection by duly authorized State and Federal representatives.

To the best of my knowledge and belief the above named is eligible for Aid to Needy Blind under the existing law.

*Marian Miller*

Signature of County Worker

11/24/42

Date

*Alice Jones*

Signature of Case Supervisor or Director

11/26/42

Date

FORM BL 207

## FORM BL 207A (revised)—January, 1943

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

**Submit ONE COPY to**  
State Department of Social Welfare  
616 K Street, Sacramento, California  
One Copy to Remain in County Welfare Office

INDIVIDUAL CERTIFICATE OF REINVESTIGATION OF  
ELIGIBILITY FOR AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS

County Sacramento  
Name Richard Roe  
State No. Sac 101 Bl County No. 3-999

To: Department of Social Welfare

616 K Street  
Sacramento, California

I hereby certify that the eligibility of the above named has been verified by investigation. Form Bl 206A, Recipient's Affirmation of Eligibility for Aid to Partially Self-Supporting Blind Residents, and supporting evidence is on file in the county office, and is open to inspection by duly authorized State and Federal representatives.

To the best of my knowledge and belief the above named is eligible to Aid to Partially Self-Supporting Blind Residents under the existing law.\*

*Marian Miller*

Signature of County Worker

11/24/42

*Alice Jones*

Signature of Case Supervisor or Director

11/26/42

\*If an adjustment in the amount of the grant is necessary as a result of reinvestigation, a Notice of Change, Form Bl 232, showing action by the Board of Supervisors must be submitted to the State Department of Social Welfare in the usual manner.



Entire chapter was written under authority of I  
Code Secs. 113, 114, 120, 1560, 2140, 3075, 3460.

## FORM CA 206 (Reverse)

## FORM CA 206 (revised) — April, 1942

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE*Applicant's Affirmation of  
Eligibility for Aid to Needy Children*STATE NO. Sac Co.  
COUNTY NO. 0000*Applicant's Affirmation of Eligibility for Aid to Needy Children*

I,	Jane Jackson	mother	Relationship to Children
residing at	616 Kay Street	Sacramento	hereby affirm my belief
Address City			
that the following children, who are under 18 years of age, are eligible for Aid to Needy Children, under the provisions of Division II, Part 2, Chapter 1, of the Welfare and Institutions Code:			
1. Surname	Jackson	Surname	Smith
GIVEN NAME	June	ADDRESS STREET AND CITY	616 K Street, Sacramento
Doris	N N N N	GIVEN NAME	Sammy
		ADDRESS STREET AND CITY	616 K Street, Sacramento

## 2. Each child qualifies for aid under one of the following classifications:

- |  |  |                              |
|--|--|------------------------------|
| A. Orphan  | D. Child of a parent under commitment to a State or Federal prison or hospital | G. Abandoned by both parents |
| B. Half-orphan   | E. Child of incapacitated father   | H. Illegitimate              |
| C. Child whose father's whereabouts has been unknown for three years | F. Child of tuberculous father   | I. Foundling                 |

## 3. Each child is in need for the following reasons:

- A. Child (ren) and/or parents do not own real property with an assessed valuation in excess of \$3,000.
- B. Child (ren) and/or parents do not have cash and/or securities in excess of \$500.
- C. No transfer or assignment of property owned by parents and/or child (ren) was made in order to qualify for Aid to Needy Children.
- D. Each whole orphan does not own cash and/or securities in excess of \$250.
- E. Child does not receive adequate support from parents or other source.
- F. Child does not receive \$25 or more for his specific support from funds other than Aid to Needy Children.

## 4. Real and personal property transactions:

- A. Child (ren) and/or parents have acquired real property consisting of None since the last application for Aid to Needy Children.
- B. Child (ren) and/or parents have disposed of real property consisting of none since the last application for Aid to Needy Children.
- C. Child (ren) and/or parents have acquired personal property in the form of cash and/or securities consisting of none since the last application for Aid to Needy Children.
- D. Child (ren) and/or parents have disposed of personal property in the form of cash and/or securities consisting of none since the last application for Aid to Needy Children.

STATE OF CALIFORNIA

COUNTY OF \_\_\_\_\_  
I solemnly swear or affirm that the statements as made herein are true and correct to the best of my knowledge and belief and that I will notify the county authorities of any real or personal property transactions, change in financial conditions, marriage of any of the above children, or remarriage of either parent of these children, and of any change in address.

NOTE.—When applicant can not sign his name,  
the signature of two witnesses to his  
mark must appear.

*Jane Jackson*  
SIGNATURE OR MARK OF APPLICANT

WITNESS TO MARK

NOTE: Optional with county whether or not signature is attested.  
Subscribed and sworn to before me this 15th day of December, 1942

Name: *Hugh Hobart* Title: Deputy County Clerk  
Signature of person authorized to acknowledge an affidavit

FORM CA 206

## County Report of Eligibility Reinvestigation

1A. Classification:	H. O.			1B. Evidence Verifying Classification:
2. Whereabouts of parents	{ Mother in home (616 K Street) Father deceased			Cert. cpy d/ctf 6/13/39

3. Given Names of Children	4. Living Plan	5. PAYER	6A. Regular School Attendance (16-18 years)	6B. Evidence verifying school attendance:
A. Relationship		B. Name if Other Than Applicant		
Sammy	O.H.	mother	-	yes Form CA 213 - 3/19/42

1A. Classification:	P.C.I.			1B. Evidence Verifying Classification:
2. Whereabouts of parents	{ Mother in home (616 K St.) Father Alcatraz Prison			letter from Alcatraz, 11/26/42, man's status remains same

3. Given Names of Children	4. Living Plan	5. PAYER	6A. Regular School Attendance (16-18 years)	6B. Evidence verifying school attendance:
A. Relationship		B. Name if Other Than Applicant		
June	O.H.	mother	-	-
Doris	O.H.	mother	-	-

7A. Property owned by parents and/or children:	7B. Evidence verifying property:
(1) Real property, assessed value . . . . .	\$ 300
(2) Cash and/or securities, value . . . . .	\$ none
(3) Transfer or assignment made to qualify for aid Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(3) - - - - -

8A. Is any child for whom aid is requested receiving \$25 or more for his specific support from funds other than ANC? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8B. Verification and explanation of specific support:
Name of child(ren):	- - - - -

9A. Contribution from parent(s) not living with child(ren):	9B. Evidence verifying ability to support and contribution from parent(s):
(1) Able to contribute . . . . . Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	See items 1B
(2) Actual contribution . . . . . \$	

10A. Assistance plan—Budgetary basis for determining need:	10B. Verification and explanation of assistance plan:
(1) Total budget for family unit . . . . . \$ 108.49	Gen M&G 11-30-42
(2) Total income to family unit . . . . . \$ -	
(3) Deficiency . . . . . \$ 108.49	■ ■ ■ ■ ■
(4) ANC grant . . . . . \$ 108.50	■ ■ ■ ■ ■

11A. Assistance plan—Board and care basis for determining need:	11B. Verification and Explanation of assistance plan:
(1) Charge for care for child(ren) . . . . . \$	
(2) Total contribution from parent(s) . . . . . \$	
(3) Other income to child(ren) . . . . . \$	
(4) Deficiency . . . . . \$	
(5) ANC grant . . . . . \$	

12. Date of last home visit:	11-20-42
13. Amount of Aid to Needy Children for which child(ren) is eligible:	\$ 108.50

14. <i>Miriam Myers</i>	Signature of County Worker
	Date

**361-00 Sec. 361-00 Increase in Amount of Aid**  
**OAS; ANB; APSB**

Entire chapter was written under authority  
 W & I Code Secs. 113, 114, 120, 1560, 2140,  
 3075, 3460.

The grant of aid shall be increased as soon as administratively possible when a decrease in the income causes the amount of the grant together with income to fall below the amount to which the recipient is entitled under the provisions of the law for the particular category of aid.

In OAS and ANB when monthly interest payments in decreasing amounts (which have not been determined an inconsequential resource) are received, either of the two following methods may be used for adjusting the grant.

- (1) The total amount of income from this source may be determined for each three-month period. Any necessary adjustment in the grant may be made in the first or not later than the second month following the end of the three-month period, for which the average was determined.
- (2) The total amount of income from this source may be determined for the ensuing twelve-month period and the monthly average thereof taken into consideration in making any necessary adjustment in the monthly grant.

**361-10 Sec. 361-10 Decrease in Grant**

**OAS; ANB; APSB**

When an increase in the income of the recipient causes the amount of the grant together with income to exceed provisions of the law for the particular category of aid, the grant shall be decreased as soon as administratively possible, but shall be effective not later than the second month following that in which the income is received. The amount of aid, together with the income (other than casual income and inconsequential resources in ANB or OAS), shall not be less than that provided by law for the respective category of aid. The amount of aid plus the income (other than that which is casual income and inconsequential resources in OAS and ANB) shall not exceed the total need of the recipient, and in no case may the grant of aid exceed \$40 in OAS or \$50 in ANB or APSB.

In OAS and ANB, reduction in the grant, or an adjustment which involves a refund from the income including the grant which the recipient is currently eligible to receive under the law governing the respective category of aid, shall not be made because of income received prior to the second month preceding the current month. When income which should have been considered in determining the grant of aid is discovered too late to adjust the grant effective not later than the second month following that in which the income was received, the recipient shall be requested to reimburse the county from resources he may have other than the income including the grant to which he is currently eligible. The reimbursement requested shall not exceed the amount of the aid paid to which the recipient was ineligible.

In OAS and ANB, when the exact amount of income for a given month is definitely known sufficiently in advance, any necessary adjustment of the grant may be made for the month in which such income is received, but shall not be made later than the second month following that in which it is received.

Example: The county determines on October 15, that a recipient will receive on November 10 his first \$20 monthly payment from an annuity. The income plus the grant exceeds his total need. The monthly grant will be adjusted effective November 1.

In OAS and ANB when the total income for a given month can be determined only during the month in which it is received, or during the month subsequent thereto, the adjustment which may be necessary in order that the income plus the grant will not exceed total need, shall become effective with the grant of aid not later than the second month subsequent to that in which it is received.

Example: It is known that the initial payment from an annuity will be received in October, but it is not until receipt of the annuity check that the amount thereof is known. Any necessary adjustment in the grant of aid shall be made effective November 1, if possible, but not later than December 1.

**Sec. 360-00 Changes in Amount of Aid in OAS**

Entire chapter was written under authority  
360-00  
W & I Code Secs. 113, 114, 120, 1560,  
2140, 3075, 3460.

The county shall annually or oftener investigate the recipient's eligibility to continue to receive OAS. The amount of aid shall be changed or aid shall be discontinued if the county finds that the recipient's circumstances have changed sufficiently to warrant such action.

The county shall, for cause, and upon instructions by the SDSW cancel, suspend, or revoke aid.

If at any time the SDSW has reason to believe that OAS has been obtained improperly, it shall cause special inquiry to be made and may suspend payment of any installment pending the inquiry. It shall notify the county of such suspension. If it appears upon inquiry that aid was obtained improperly, it shall be canceled by the SDSW; but if it appears that aid was obtained properly, the suspended payments shall be payable.

The clerk of the board of supervisors of each county shall monthly report to the SDSW in such manner and form as the latter may prescribe the grants of aid changed, revoked, or suspended under the provisions of the OAS Law by the board of supervisors during the preceding calendar month.

**Sec. 360-05 Provisions of Law for Changes in Aid**

360-05

**ANB; APSB**

The county may, for cause, and upon instructions by the SDSW cancel, suspend, or revoke aid.

If at any time the SDSW has reason to believe that ANB or APSB has been obtained improperly, it shall cause special inquiry to be made and may suspend payment for any installment pending the inquiry. If it appears upon inquiry that the aid has been obtained improperly, it shall be canceled by the SDSW; and if it appears that aid was obtained properly, the suspended payment shall be payable.

**Sec. 360-10 Provisions of Law for Changes in Aid**

360-10

**ANC**

The county may cancel, suspend, or revoke aid under ANC Law for cause. Upon instructions from the SDSW the county shall cancel, suspend, or revoke aid under this law. Upon suspension of aid by the county an immediate report of the suspension shall be made to the SDSW. Such report shall state the reason for the suspension and show county action approving the suspension.

**Sec. 360-25 Reason for Changes in Amount of Aid**

360-25

**OAS; ANB; APSB; ANC**

Because aid is granted on the basis of need and an individual's need is subject to change, a method of adjusting the grant is necessary. The Notice of Change (Form Ag, Bl, CA 232) is used by the county to inform the SDSW of an increase, decrease, discontinuance, or restoration of aid, and for other special purposes in ANC. (See Form Ag, Bl, CA 232, in Sec. 365-99, Forms Used in Changes of Aid.)

Discontinuance of aid or a change in the amount of the grant of aid is made when the facts support such action. In OAS, ANB, and APSB the recipient whose eligibility to receive aid continues should be assured of regular and continuous payment subject to increase or decrease only as a change in his circumstances makes an adjustment in the grant necessary, in order to bring it into accord with the provisions and rulings of the respective category of aid. In ANC this applies to the child for whom aid is paid.

**361-15 Sec. 361-15 Adjustment in Amount of Grant  
APSB**

Entire chapter was written under authority  
W & I Code Secs. 113, 114, 120, 1560, 2140,  
3075, 3460.

Adjustments in the amount of aid may be made either on the annual basis or on a monthly basis. As a general rule, irregular income can be handled more easily on the annual basis, i.e., no deduction is made until the recipient's income exceeds \$400, and regular income by the monthly basis, i.e., making the deduction from the amount of the grant each month.

In determining the time at which adjustment on the annual basis is to be made, the following rules prevail:

1. When the income for a given year or for any number of months thereof can be determined before the close of said yearly period, the adjustment for deducting any amounts of income in excess of the maximum exemption of \$400 per year shall be made on the grant for the first month subsequent to the month in which it is determined that income has exceeded the maximum exemption.
2. When the income for a given year can be determined only after the close of said yearly period, the adjustment for deducting any amounts of income in excess of the maximum exemption of \$400 per year shall be made beginning with the grant for the first month subsequent to the month in which the amount of income in excess of \$400 is determinable.

The following rules determine the yearly periods, in each of which the exemption of \$400 per year is allowed:

1. For all recipients who received aid under the ANB Law beginning on or before September 1, 1937, and who transferred to APSB Law, the yearly periods will begin on September 1 of each calendar year and will close on August 31 of the following calendar year. The next succeeding yearly period begins the following day and closes on August 31 of the following calendar year, etc.
2. For each recipient of ANB to whom payment of aid began subsequent to September 1, 1937, and who transferred to APSB, as well as those who had not received aid under the ANB program, the first one-year period begins as of the first of the month in which aid began and includes such first month together with the eleven subsequent months. The next succeeding yearly period begins on the first day of the thirteenth month on aid and covers the thirteenth to twenty-fourth months, inclusive.

After the income exceeds \$400 in a given year, and when the total income for a given month can be foretold, the adjustment of the grant shall be made for the month in which such income is received.

When the total income for a given month can be determined only during or after the close of the month, the adjustment shall be made in the grant of aid beginning with the first month subsequent to that in which the income is determinable or as soon thereafter as possible.

**361-20 Sec. 361-20 Restoration**

OAS; ANB; APSB; ANC

For principles and methods of restoring aid, including the use of the Notice of Change (Form Ag, Bl, CA 232), see Sec. 215-00, Restoration of Aid.

In OAS and ANB when the current income is irregular and cannot be foretold, but is determined not to be casual income, adjustment may be made from the recipient, within the time limits set forth above, to the extent of the aid paid to which he was not entitled by reason of receipt of the income.

Example: The county ascertains that a single OAS recipient receiving \$40 aid had employment, receiving commissions for his services. The recipient on October 15 was paid \$35 which represented net income.

Adjustment, if the income plus the grant exceeds total need, may be made in either of two ways, i.e.,

- (1) Reduce aid effective November 1 and not later than December 1, and make any necessary adjustment effective with the first of the month subsequent to that in which the reduction was made, or
- (2) Request the recipient to refund \$35 from his November or December grant and report such adjustment to the SDSW in the usual manner.

In OAS and ANB when monthly interest payments in increasing amounts (which have not been determined an inconsequential resource) are received either of the two following methods may be used for adjusting the grant.

- (1) The total amount of income from this source may be determined for each three-month period. Any necessary adjustment in the grant may be made in the first or not later than the second month following the end of the three-month period for which the average was determined.
- (2) The total amount of income from this source may be determined for the ensuing twelve-month period and the monthly average thereof taken into consideration in making any necessary adjustment in the monthly grant.

**361-50 Sec. 361-50 Discontinuance of Aid**  
**OAS; ANB; APSB**

Entire chapter was written under authority  
 W & I Code secs. 113, 114, 120, 1560, 2140,  
 3075, 3460.

Aid shall be discontinued when the recipient does not meet the eligibility requirements of the respective category of aid.

In OAS and ANB when eligibility resulted from income received, but receipt of that income was not discovered by the county in time to discontinue the aid effective not later than the last day of the second month following that in which the income was received, aid shall continue if the recipient is otherwise eligible. He shall be requested to reimburse the county to the extent of the aid paid in the month the income was received from resources he may have other than the grant of aid and the income to which he is currently eligible under the provisions of the law for the particular category of aid.

Example: A couple, the grant of OAS for each being \$40 a month, received \$480 or \$240 each as net proceeds from an annual crop on August 15. Aid is discontinued August 31. (See Sec. 215-00, Restoration of Aid.) Should the county not learn of the income until September or October, aid is discontinued, effective September 30, or October 31, respectively. Should the county not learn of the income until November 5, when the annual reinvestigation is made, aid shall not be discontinued, but each recipient shall be requested to refund \$40.

Discontinuance of aid is effective as of the last day of the month for which the last warrant was delivered.

When a transfer of costs between counties falls upon the first day of the month, the effective date of discontinuance by the first county shall be the last day of the preceding month.

In OAS, ANB and APSB, when a warrant is issued but not delivered prior to the recipient's death, aid shall be discontinued as of the last day of the preceding month. (See Sec. 611-00, Payment When Grantee Dies.)

**361-60 Sec. 361-60 Change in School Status Reported on Notice of Change**  
**ANC**

A change in school status as set forth in Sec. 235-25, Verification of School Attendance, shall be reported to the SDSW on the Notice of Change (Form CA 232).

**361-75 Sec. 361-75 Action by Board of Supervisors on Notices of Change**  
**OAS; ANB; APSB; ANC**

Action of the board of supervisors is required upon all Notices of Change (Form Ag, Bl, CA 232) except those which report school status for ANC.

**Sec. 361-40 Continued Eligibility Questioned on Basis of Physician's Report of Eye Examination**

**361-40**

**ANB; APSB**

When a Physician's Report on Eye Examination (Form Bl 227) raises a question regarding degree of blindness of recipient, aid shall not be immediately discontinued. (See Sec. 180-50, Reexamination of Eyes to Determine Continued Eligibility, and Sec. 180-25, Successive Eye Examination Reports.) The warrant for the coming month shall be issued in the usual manner but delivery withheld, though not beyond the month for which it is drawn. The recipient shall be immediately notified that continued eligibility is questioned, that continuance of aid is dependent upon clearance of eligibility, and that he may submit a Form Bl 227 from another physician from the approved list.

The submission of a Form Bl 227 from another physician may be dependent upon factors such as health condition of the recipient, proximity to a qualified examiner, etc. When such conditions exist and a Form Bl 227 is not submitted prior to the end of the month for which the warrant is being held, the withheld warrant shall be released, provided it is delivered before the end of the month for which it is drawn. A second and final notice shall be sent to the recipient with the released warrant advising that further payment will not be made unless eligibility is immediately cleared.

When the Form Bl 227 secured by the recipient from another physician is in conflict with the one which raised a question regarding continued eligibility, the withheld warrant shall be released, provided it is delivered before the end of the month for which it is drawn. An examination by a third physician shall be authorized and paid for by the county in order that a decision may be made on the basis of the two reports which agree. (See Sec. 180-25.)

When a Form Bl 227 is submitted by a recipient prior to the end of the month for which the warrant is being held and the findings of the physician are in agreement with those which raised a question with regard to continued eligibility, the withheld warrant shall be canceled. Aid shall be discontinued as of the last day of the month preceding that for which the warrant is canceled and a Notice of Change (Form Bl 232) shall be sent to the SDSW. (See Sec. 361-50, Discontinuance of Aid.)

Upon the release of the warrant which was withheld because of a cloud on eligibility the warrant for the next or second month shall be issued and its delivery withheld, but not beyond the end of the month for which it is drawn.

If the physician's report of the third eye examination establishes eligibility for continued payments, the withheld warrant shall be delivered to the recipient before the end of the month for which it is drawn and aid shall continue in the amount to which the recipient is eligible.

If the physician's report of the third eye examination establishes ineligibility, or if eligibility is not determined by the end of the second month for which delivery of the warrant was withheld, the warrant shall be canceled and a Form Bl 232 discontinuing aid, effective with the last day of the month preceding that for which the warrant was canceled, shall be forwarded to the SDSW in the usual manner.

Under no circumstances shall warrants for more than two months be issued and withheld pending clearance of eligibility.

362-00 **Sec. 362-00 General Instructions, Notice of Change**  
OAS; ANB; APSB

Entire chapter was written under authority  
W & I Code Secs. 113, 114, 120, 1560, 2140,  
3075, 3460.

The Notice of Change (Form Ag, Bl 232) except as it provides for identifying information, is divided into sections, which are designated as Sections I, II, and III.

Section I is used to report information regarding:

1. Type of Change with the exception of
  - a. Discontinuance of payment of aid to the recipient,
  - b. In OAS, discontinuance of payment to the county for hospital care because of death, excess assets, etc., rather than release from the county hospital;
2. Reason for change

Section II is used to report information regarding:

1. Discontinuance of payment of aid to the recipient;
2. In OAS, discontinuance of payment to the county for hospital care when discontinuance is due to any reason other than release from the county hospital.

Section III is used to report action of board of supervisors.

362-05 **Sec. 362-05 Instructions for Recording on Notice of Change, Section I**  
OAS; ANB; APSB

Decrease, Increase, or Restoration

Column 1. The type of action is indicated by completing the information called for in the vertical columnar headings (2, 3, 4, etc.) in the space provided opposite "Decrease," "Increase," "Restoration," etc.

Column 2. Enter the date from which the change is effective, e.g., 2-1-42.

Column 3. Enter the monthly rate of aid granted from the effective date shown in Column 2. (When aid is restored effective from a day subsequent to the first day of the month, the monthly rate rather than the prorated amount shall be entered.)

Column 4. Enter the total of all income received other than the OAS, ANB, or APSB grant. (When need in excess of \$40 in OAS or \$50 in ANB has not been established, the sum of Column 3 and Column 4 shall total \$40 or \$50 respectively. The total may not exceed or be less than this amount.)

Column 5. Enter sources from which income other than OAS, ANB, or APSB is received and amount received from each, e.g., son John contributes \$5.00 per month, daughter Eleanor pays insurance premium \$3.00 per month. The total of amounts of income from individual sources, as shown in Column 5, should agree with the figure entered in Column 4.

Column 6. No entry is made unless the total verified need exceeds \$40 a month in OAS or \$50 a month in ANB in which case the total need per month is reported here; e.g., if the total need of the OAS recipient is established as being \$60 a month this amount is entered in Column 6.

Column 7. Except when, in OAS, total need is established on a budgetary basis, report in OAS and ANB the nature and total cost of each item which causes the total need to exceed the basic grant, and the method of verification, e.g., new roof \$80; payments \$8 a month. Verified by contractor.

When, in OAS, total need is established by use of the budgetary method, enter "Form Ag 241 on file."

One Form Ag, Bl 232 may be used to report two actions of the board of supervisors on the same case provided both actions occur on the same day.

Example: In ANB aid is increased on 1-15-42 effective 2-1-42 due to verified need in excess of \$50. On the same date, the board of supervisors decreases aid effective 3-1-42 as the excess need exists for only one month.

When one Form Ag, Bl 232 is used to report two actions, the information reported in Columns 5 and 7 should refer to the first action. Report the necessary information to explain the second action under "Reason for Change."

**Sec. 361-80 Notification to Recipient of Change in Grant**

361-80

**OAS; ANB; APSB; ANC**

When aid is decreased or discontinued, the recipient shall be notified of the amount of the grant and the reason for the change by means of Notification of Action by the Board of Supervisors (Form Ag, Bl, CA 239). (See Secs. 325-20, Right of Appeal—General, and 250-10, Reporting of Action of Board of Supervisors to Applicant.)

**Sec. 361-85 Notification County Auditor of Change in Grant**

361-85

**OAS; ANB; APSB; ANC**

A copy of Notice of Change (Form Ag, Bl, CA 232) should be sent to the county auditor. There should be complete coordination between the county welfare department and the county auditor so that pay rolls each month correctly reflect the current status of all cases for which claim is made.

**Sec. 361-90 Notification to SDSW of Change in Grant**

361-90

**OAS; ANB; APSB; ANC**

The Notice of Change (Form Ag, Bl, CA 232) shall be forwarded to the SDSW as soon as possible but not later than 15 days after board of supervisors action. The SDSW considers claims on the basis of information at hand at the time claims are audited and approved for payment. Delay in submission of Form Ag, Bl, CA 232 may result in loss of Federal and State participation.

A separate Form Ag, Bl, CA 232 shall be used for each case. The following chart shows the number of copies to be submitted.

NUMBER OF COPIES OF NOTICE OF CHANGE (FORM Ag, Bl, CA 232) SENT TO SDSW				
Type of Change	Number of Copies			
	OAS	ANB	APSB	ANC
Discontinuances	2	2	2	2
Restorations	2	2	2	2
Increases	1	1	1	1
Decreases	1	1	1	1
Changes in need or income, no change in grant	1 <sup>10</sup>	1	—	—
Payment to county for hospital care	2	—	—	—
Release from county hospital	2	—	—	—
Change of payee	—	—	—	2
Change in School Status	—	—	—	1

**362-25 Sec. 362-25 Change in Need or Income—No Change in Grant  
OAS; ANB**

Entire chapter was written under authority W & I Code Secs. 113, 114, 120, 1560, 2140, 3075, 3460.

When income is applied toward verified total need in excess of \$40 a month in OAS or \$50 in ANB, it shall be reported on Form Ag, Bl 232. When a change in the amount of income requires no change in the grant because the total verified need of the individual is such that the income is applied toward that total need, the grant remains the same.

Examples:

1. Total need of ANB recipient established at \$65 a month on February 1 to continue indefinitely as recipient has a guide dog for which support must be provided. Aid in the amount of \$50 a month has been granted. Income is as follows:

February	\$10.38	June	\$15.00
March	8.50	July	11.00
April	12.00	August	16.00
May	12.00	September	14.00

February 1, Form Bl 232 is necessary reporting amount of excess need.

September 1, Form Bl 232 is necessary decreasing grant to \$49 because income in August plus the grant exceeds \$65, the total need.

October 1, Form Bl 232 is necessary increasing the grant to \$50.

2. A recipient heretofore without income is receiving \$50 ANB. In February he receives the initial \$10 payment from a contract of sale. Need for medical care is verified to extent of \$10 a month. Therefore, the grant remains the same until the total need diminishes or the income increases.

"Effective Date of Change" (see Column 2) is considered to mean the effective date of the change in the income and/or total need.

**362-30 Sec. 362-30 Reporting Reason for Change on Notice of Change  
OAS; ANB; APSB**

When the reason for change is clearly indicated by the entries in the vertical columns opposite the particular type of change which is effective it need not be repeated under this heading. Report any additional information in this space.

In reporting restoration of OAS, ANB, or APSB following release from a public institution, the exact date of release shall be reported here. In reporting restorations for other reasons, information should be entered here as to the exact date and the reason the recipient became eligible subsequent to discontinuance of aid. (See Sec. 215-00, Restoration of Aid.)

In OAS when reporting "Payment to County for Hospital Care" the name of the hospital and date of admission shall be shown under "Reason for Change."

**Sec. 362-10 Reporting Payment to County for Hospital Care on Notice of Change**  
**OAS**

362-10

Column 1. Pertinent information relating to notification that a claim, under the provisions set forth in Sec. 165-00, Payment to County Under W. & I. C., Sec. 2160.7, will be filed is recorded in the columns opposite "Payment to County for Hospital Care."

A Form Ag 232 reporting discontinuance of the OAS grant to the recipient shall also be submitted. Notification of discontinuance of aid to the recipient and notification that a claim for hospital care will be made may be reported on the same Form Ag 232.

Column 2. Enter date from which payment for hospital care is requested.

Column 3. Enter the grant to which the recipient would be eligible were he not confined.

Columns 4, 5, 6, and 7 shall not be completed when the person would, had he not been confined, have remained eligible to the same grant. When there is a change in his circumstances which would have resulted in an increase or decrease in the grant, had he not been confined, these columns are completed as in the case of notification regarding any increase or decrease.

A Form Ag 232 shall be submitted when any change in the former recipient's circumstances would have necessitated either a change in amount of the grant or discontinuance of the aid to which he would be entitled were he not confined.

**Sec. 362-15 Reporting Release From County Hospital on Notice of Change**

362-15

**OAS**

When an inmate, on whose behalf a claim for payment to the county for hospital care has been made, leaves the county hospital, enter the date of discharge in Column 2 opposite "Release from County Hospital." This date represents the date on which payment to the county under the provisions set forth in Sec. 165-00, Payment to County Under W. & I. C., Sec. 2160.7, is discontinued. The remaining vertical columnar headings are not applicable.

If OAS is restored following release from the county hospital, restoration action of the board of supervisors is reported opposite "Restoration." The release from the county hospital and the restoration of aid may be reported on the same Form Ag 232 unless there is a delay in the restoration of aid to the former recipient, in which case separate forms are necessary. There shall be no overlapping of payment to the county for hospital care and payment of aid to the individual. (See Sec. 215-00, Restoration of Aid.)

- Item D13. Check if aid was discontinued because of the receipt of income from some source other than those listed under Items D4-D12. Write a brief description of such income. If necessary, additional space may be used at the bottom of Section II.
- Item D14. Check if aid was discontinued because the recipient came into possession of real or personal property, or both, in excess of that permitted under the OAS, ANB, or APSB Law. Complete applicable items under Item E.
- Item D15. Check if aid was discontinued because of improper transfer of real or personal property. Complete all applicable items under Item E.
- Item D16. Check if aid was discontinued because the recipient was granted ANB or APSB.
- Item D17. Check if aid was discontinued because the recipient has moved to another county and has been a resident of the second county for a period of one year as permitted under the transfer provisions of the law. Discontinuances because of loss of county residence without transfer being effected (including non-county cases) should be reported by checking Item D19 in OAS or Item D20 in ANB and APSB.
- Item D18. Check if aid was discontinued because the recipient has moved out of the State and has established residence elsewhere.
- Item D19. In ANB and APSB, check if aid was discontinued because recipient is not blind within the prescribed degree. When conclusive evidence establishes that recipient was not originally eligible as to degree of blindness, enter under Item D3.
- Item D20. OAS and Item D20 ANB and APSB. Check if aid was discontinued for some reason other than those listed under Items D1 through D18 or D19, respectively. Describe the reasons or circumstances for this discontinuance in the space at the bottom of Section II.
- Item E. If aid to the recipient or, in OAS, payment to the county for hospital care was discontinued for any of the reasons listed under Items D4 through D15, complete the applicable sub-items following (whether checked as a principal reason or noted as a secondary reason):
1. If aid to the recipient in OAS or ANB or, in OAS, payment to the county for hospital care was discontinued because of excess income (Items D4-D13), indicate the total amount of the recipient's monthly income other than OAS or ANB on the basis of which the discontinuance was made; e.g., OAS was discontinued effective 12/31/41 because the recipient (for whom no excess need had been established) had income of \$42 during December. Report the amount of \$42.
  - If aid to a recipient of APSB was discontinued because of excess income (Items D4-D13), indicate total amount of recipient's annual income other than APSB on basis of which discontinuance was made; e.g., APSB was discontinued effective 11/30/41 because recipient had earned \$450 since beginning of annual income period on 3/1/41. Report amount of \$450.
  2. If aid to the recipient or, in OAS, payment to the county for hospital care was discontinued because of excess property (Item D14) or transfer of property (Item D15), indicate whether such property was real or personal, or both.
  3. In OAS, if aid to the recipient or payment to the county for hospital care was discontinued because of excess property (Item D14) or transfer of property (Item D15), indicate the assessed valuation if real property, the market value if personal property. In ANB if aid was discontinued because of excess property (Item D14) or transfer of property (Item D15), indicate the assessed valuation of the property whether such property was real, personal, or both.
  4. If aid to the recipient in OAS, ANB or APSB or, in OAS, payment to the county for hospital care was discontinued because of excess income, indicate the date when such income was first received in excess amount. If aid was discontinued because of excess property, indicate the date on which property holdings became excessive.
  5. If aid to the recipient or in OAS payment to the county for hospital care was discontinued because of improper transfer of property, indicate the date on which the transfer was made.
- Item F. In cases where ineligibility existed for a period prior to discontinuance of aid, complete details should be provided regarding the possibilities of securing restitution of the excess aid paid. Include details regarding any action taken or contemplated by the county for obtaining repayment.

362-50 Sec. 362-50 Approval by the Board of Supervisors, Section III, Notice of Change

OAS; ANB; APSB

Enter name of county and date of approval by the county board of supervisors. The Notice of Change (Form Ag, Bl 232) shall bear either the original or facsimile signature of the county clerk or deputy. A facsimile signature shall be affixed either by or under the special authority of the county officer whose signature is thus affixed.

**Sec. 362-40 Discontinuance of Payment, Section II of Notice of Change**

362-40

OAS; ANB; APSB

- Item A. Enter the effective date of discontinuance of aid to the recipient or, in OAS, of payment to the county for hospital care, due to reasons other than release from the county hospital.
- Item B. Enter the date on which the facts causing discontinuance of aid to the recipient or, in OAS, of payment to the county for hospital care came to the attention of the county.
- Item C. Enter the date on which the county investigation preceding the one resulting in discontinuance of aid to the recipient or, in OAS, of payment to the county for hospital care was completed.
- Item D. Reason for Discontinuance. Only the principal reason for discontinuing aid should be checked. If there is more than one reason for discontinuance, check the reason which came to the attention of the county and note the additional reasons at the bottom of Section II. For example, if the recipient dies and it is subsequently discovered that he had been ineligible because of excess property, Item D1 should be checked and a notation regarding the excess property made at the bottom of Section II.
- Item D1. Check if aid was discontinued because of the death of the recipient. Write in the date of death, e.g., 2-16-42.
- Item D2. Check if aid was discontinued because the recipient was admitted to a public institution. This item should be used when aid is discontinued because of confinement for medical or surgical care in a public hospital for a period exceeding the maximum allowed for temporary care under the law governing the particular category of aid. (See Secs. 164-10, and 164-20, Eligibility for Medical Care.) Enter the date of admission and name of the institution. In OAS do not check Item D2 for discontinuance of payment to the county for hospital care. Such discontinuance, if made because of release from the county hospital, should be reported under Section I; if made for some other reason, at the bottom of Section II. Note that payment to the county for hospital care is being discontinued and state reason for discontinuance. Complete Item E if ineligibility was due to income or property.
- Item D3. Check this item if aid was discontinued because subsequent information indicated that the recipient was not eligible for the original grant. Indicate at the bottom of Section II the specific grounds for ineligibility, e.g., age, property, residence, etc. Explain briefly how and when ineligibility was discovered. In ANB or APSB do not check this item when the question of original eligibility relates to degree of blindness unless there is conclusive evidence that the recipient was not blind at the time aid was granted. When evidence is not conclusive, report under Item D19.
- Items D4 to D13. Excess Income. Only one of these items should be checked if aid is discontinued because of excess income. Check the source or type of income, receipt of which made the recipient ineligible. If such income was received from more than one source, check the source first discovered by the county and note other sources at bottom of Section II; if several sources were discovered simultaneously, check the source from which the larger amount was received and note other sources at the bottom of Section II.
- Item D4. Check if aid was discontinued because of payment of monthly OASI to the recipient as a retired worker or as the wife (not widow) of an insured worker.
- Item D5. Check if aid was discontinued because of the payment of monthly OASI to the recipient as survivor (widow or parent, or in ANB or APSB orphan) of an insured worker.
- Item D6. Check if aid was discontinued because of UCB paid to the recipient.
- Item D7. Check if aid was discontinued because of earnings by the recipient.
- Item D8. Check if aid was discontinued because of receipt of support from the earnings of the husband or wife.
- Item D9. Check if aid was discontinued because of receipt of support from resources of the husband or wife other than earnings; e.g., rental of property, employee's pension, etc.
- Item D10. Check if aid was discontinued because of receipt of contributions from adult children or in ANB and APSB from adult children or parents.
- Item D11. Check if aid was discontinued because of receipt of contributions from relatives other than the spouse or adult children or, in ANB and APSB, from relatives other than spouse, adult children, or parents.
- Item D12. Check if aid was discontinued because of receipt of income from real or personal property. Write a brief description of the nature of this income; e.g., interest on bank account, rent from dwelling, interest on loan, etc. If necessary, additional space may be used at the bottom of Section II.

Entire chapter was written under authority of  
W & I Code Secs. 113, 114, 120, 1560, 2140, 3075, 3460.

## FORM CA 232

FORM CA-232 (revised)—August, 1942

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE**NOTICE OF CHANGE**  
**AID TO NEEDY CHILDREN**

County	County No.	State No.
Date _____		
Family Name _____		
Payee Before Change _____		
Payee After Change _____		

Col. 1 NAMES OF CHILDREN	Col. 2 Effective Date of Change	Col. 3 NATURE OF CHANGE Increase, Decrease, Discontinuance, Restoration, Change of Payee, or Change of School Status	Col. 4 TOTAL AMOUNT CHILDREN'S AID PER MONTH GRANTED FROM DATE OF CHANGE For Children Listed in Col. 1 (Chap. 1 or Part 2 of Div. II of the Wel. and Inst. Code)	Col. 5 ELIGIBLE FEDERAL PARTICIPATION (A) Yes      (B) No
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## Reason for Change

## SCHOOL STATUS FOR 16-18 YEAR OLD CHILDREN, WHO ARE OTHERWISE ELIGIBLE TO FEDERAL PARTICIPATION

NAME OF CHILD \_\_\_\_\_ DATE OF ENROLLMENT—OR--DATE OF TERMINATION \_\_\_\_\_ DATE OF VERIFICATION \_\_\_\_\_

[SIGNED] \_\_\_\_\_ SIGNATURE AND TITLE OF PERSON REPORTING CHANGE OF SCHOOL STATUS

## STATEMENT OF PAYEE

## A. FOR PAYEE WHEN CHILD IS IN HOME ELIGIBLE FOR FEDERAL REIMBURSEMENT

I herewith make application for aid under the Aid to Needy Children Law in the above amount for the above mentioned children who will be maintained by me in my own home. I further state that these children are in need of this aid, and that I will notify the county of any change affecting this aid.

[SIGNED] \_\_\_\_\_ SIGNATURE OF PAYEE AND RELATIONSHIP \_\_\_\_\_ ADDRESS WHERE CHILDREN WILL BE MAINTAINED

## B. FOR PAYEE WHEN CHILD IS IN HOME INELIGIBLE FOR FEDERAL REIMBURSEMENT

I HEREBY CERTIFY That the above named children have been placed in the care of \_\_\_\_\_ NAME OF PAYEE (IF AN INSTITUTION, SHOW NAME OF INSTITUTION) that the signature of the payee (or of institution official, in institutional cases) is contained in the county files, and that the monthly warrants are being issued to the above named payee.

[SIGNED] \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_  
SIGNATURE OF COUNTY OFFICIAL OR OTHER PERSON RESPONSIBLE FOR PLACEMENT OF CHILDREN

Approved by the Board of Supervisors of the County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_

RESERVE FOR STATE

[SIGNED] \_\_\_\_\_

COUNTY CLERK OR DEPUTY

Date \_\_\_\_\_ 19\_\_\_\_\_

SIGNATURE OF REVIEWER

## COUNTY: To be used for ONE case only

Submit two copies to State Department of Social Welfare for Discontinuances, Restorations and Changes of Payee  
One copy for other changes

SUBMIT ONE COPY OF ALL CHANGES TO COUNTY AUDITOR

[For instructions for use of this form see Manual Sec. 383-00]

## Sec. 365-99 Forms Used in Changes of Aid

Entire chapter was written under authority 365-99.  
§ & T Code Secs. 113, 114, 120, 1560, 2140.

FORM BL 232

FORM AG 232 (revised) — December, 1941  
(Formerly Ag 10)STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

## NOTICE OF CHANGE

DIVISION FOR THE AGED County \_\_\_\_\_  
Date \_\_\_\_\_  
Name \_\_\_\_\_

## Notice of Change

Change (1)	Effective Date (2)	Total Amount Aged Aid Per Month Granted from Date of Change*  DECREASE	Total Income Other Than Aged Aid (4)	INCOME OTHER THAN AGED AID		Actual Amount of Verified Need (To be used only if total need is in excess of \$40)  INCREASE	Nature and Amount of Each Excess Need and How Verified (7)
				Sources and Amounts of Income (5)	Nature and Amount of Each Excess Need and How Verified (7)		
RESTORATION							
PAYMENT TO COUNTY FOR HOSPITAL CARE							
RELEASE FROM COUNTY HOSPITAL							
CHANGE IN NEED OR INCOME NO CHANGE IN GRANT							
TOTAL							

\* For payment to county for hospital care, report total amount to which eligible if not confined.

Reason for Change: State Definite Reason for Change. (Give date of release from institution if restored for this reason.)

USE THIS SECTION FOR DISCONTINUANCES ONLY  
Complete all applicable items

- A. Effective date of discontinuance \_\_\_\_\_
- B. Date of discovery of facts causing discontinuance \_\_\_\_\_
- C. Date of last previous county investigation \_\_\_\_\_
- D. Reason for Discontinuance (Check principal reason only)
  - 1. Death. Date \_\_\_\_\_
  - 2. Admitted to public institution. Date \_\_\_\_\_  
Institution \_\_\_\_\_
  - 3. Subsequent information disproves eligibility originally established (explain below)  
Excess Income (check source and complete Item E)
    - 4. Old age retirement benefits
    - 5. Survivors' benefits
    - 6. Unemployment compensation
    - 7. Earnings
    - 8. Contribution from earnings of spouse
    - 9. Contribution from other resources of spouse
    - 10. Contribution from adult children
  - 11. Contribution from other relatives
  - 12. Income from property. Specify \_\_\_\_\_
  - 13. Income from other sources. Specify \_\_\_\_\_
  - 14. Excess property
    - 15. Transfer of property (Also complete Item E)
    - 16. Accepted for Aid to Needy Blind
    - 17. Transferred to \_\_\_\_\_ County
    - 18. Loss of State residence. Moved out of State
    - 19. Other reason (explain fully below)
  - 20. Additional detail on discontinuances due to income or property. (Do not omit)
    - 1. Total amount of income \$ \_\_\_\_\_
    - 2. Type of property \_\_\_\_\_
    - 3. Value of property \$ \_\_\_\_\_
    - 4. Date first received or acquired \_\_\_\_\_
    - 5. Date property transferred \_\_\_\_\_
  - F. Should a refund be due, state possibility of or plans for its collection below.

Approved by the Board of Supervisors of the County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_  
RESERVE FOR STATE \_\_\_\_\_ [SIGNED] \_\_\_\_\_ County Clerk or Deputy \_\_\_\_\_

Signature of Reviewer \_\_\_\_\_

COUNTY: To be used for ONE case only

Submit two copies to State Department of Social Welfare for discontinuances, restorations, payment to county for hospital care and release from county hospital; one copy for other changes.

SUBMIT ONE COPY OF ALL CHANGES TO COUNTY AUDITOR

FORM BL 232 (revised) — December, 1941  
(Formerly Bl 11)STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

## NOTICE OF CHANGE

DIVISION FOR THE BLIND County \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

State No. \_\_\_\_\_

County No. \_\_\_\_\_

## Aid granted under (Check one)

- Aid to Needy Blind
- Aid to Partially Self-supporting Blind Residents

Change (1)	Effective Date (2)	Total Amount Blind Aid Per Month Granted from Date of Change*  DECREASE	Total Income Other Than Blind Aid (4)	INCOME OTHER THAN BLIND AID		Actual Amount of Verified Need (To Be Used Only If Total Need Is in Excess of \$20)  INCREASE	Nature and Amount of Each Excess Need and How Verified (7)
				Sources and Amounts of Income (5)	Nature and Amount of Each Excess Need and How Verified (7)		
RESTORATION							
CHANGE IN NEED OR INCOME NO CHANGE IN GRANT							
TOTAL							

Reason for Change: State definite reason for change. (Give date of release from institution if restored for this reason.)

USE THIS SECTION FOR DISCONTINUANCES ONLY  
Complete All Applicable Items

- A. Effective date of discontinuance \_\_\_\_\_
- B. Date of discovery of facts causing discontinuance \_\_\_\_\_
- C. Date of last previous county investigation \_\_\_\_\_
- D. Reason for discontinuance (Check principal reason only)
  - 1. Death. Date \_\_\_\_\_
  - 2. Admitted to public institution. Date \_\_\_\_\_  
Institution \_\_\_\_\_
  - 3. Subsequent information disproves eligibility originally established (Explain below)  
Excess income (check source and complete Item E)
    - 4. Old age retirement benefits
    - 5. Survivors' benefits
    - 6. Unemployment compensation
    - 7. Earnings
    - 8. Contribution from earnings of spouse
    - 9. Contribution from other resources of spouse
    - 10. Contribution from other responsible relatives
    - 11. Contribution from other relatives
  - 12. Income from property. Specify \_\_\_\_\_
  - 13. Income from other sources. Specify \_\_\_\_\_
  - 14. Excess property
    - 15. Transfer of property (Also complete Item E)
    - 16. Accepted for APSB or ANB
    - 17. Transferred to \_\_\_\_\_ County
    - 18. Loss of State residence. Moved out of State
    - 19. Present vision exceeds standard for blindness
    - 20. Other reason (Explain fully below)
  - E. Additional detail on discontinuances due to income or property. (Do not omit)
    - 1. Total amount of income \$ \_\_\_\_\_
    - 2. Type of property \_\_\_\_\_
    - 3. Value of property \$ \_\_\_\_\_
    - 4. Date first received or acquired \_\_\_\_\_
    - 5. Date property transferred \_\_\_\_\_
  - F. Should a refund be due, state possibility of or plans for its collection below.

Approved by the Board of Supervisors of the County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_  
RESERVE FOR STATE \_\_\_\_\_ [SIGNED] \_\_\_\_\_ County Clerk or Deputy \_\_\_\_\_

Signature of Reviewer \_\_\_\_\_

COUNTY: To be used for ONE case only

Submit two copies to State Department of Social Welfare for Discontinuances and Restorations  
One copy for other changes

SUBMIT ONE COPY OF ALL CHANGES TO COUNTY AUDITOR

FORM AG 232

Upon receipt of Form Ag, Bl, CA 215 and Form Ag, Bl, CA 216 the first county shall complete and sign section C of Form Ag, Bl, CA 215. One copy shall be retained, one shall be sent to the second county, and one to the SDSW.

The first county shall provide the second county with certified copies of:

1. Application (Form Ag, Bl, CA 200, Bl 200A). When the application is one which was submitted before the certificate plan became effective, the date of beginning aid and of SDSW approval as stamped on the reverse of the application should be shown.
2. Certificate of Verification of Eligibility (Form Ag, Bl, CA 201, Bl 201A). This is required only when the application was submitted under the certificate plan.
3. Verification of real and personal property holdings, including a report of the results of the two-year property search. If such search was not made either before aid began or during a subsequent reinvestigation, the results of a property search for the two-year period prior to the effective date of the transfer shall be substituted. (See Sec. 135-40, Real Property Search.)
4. Verification of the required State residence. (In ANB and APSB this shall consist of at least two Affidavits of Residence (Form Bl 221).) (See Form Bl 221 in Sec. 250-99, Forms Used in Investigation Procedures.)  
Prior to the certificate plan certain evidence was submitted to the SDSW with the application. If copies of evidence submitted to the SDSW in the past were not retained in the county file, the original evidence or certified copies of evidence in the SDSW files will be forwarded upon request.
5. Letters of Guardianship or in OAS, ANB and APSB Summary of Letters of Guardianship (Form DPA 5) or in ANC Summary of Information from Documentary Evidence (Form CA 203) where applicable.

In the years that have elapsed since the enactment of the first laws covering OAS, ANB and ANC standards of evidence have improved, and it is possible that some of the evidence acceptable during an earlier period has been found to be inadequate when reviewed by current standards. If evidence to support that originally used to establish eligibility has been secured, copies of it are also forwarded.

6. The following evidence varying in accordance with the category of aid.

In OAS:

- a. Age and citizenship evidence which established eligibility.
- b. Responsible Relative Forms (Form Ag 225); i.e., the last form completed by each responsible relative.

In ANB and APSB:

- a. Physician's Report of Eye Examination (Form Bl 227);
- b. Notification to County of Necessity for Reexamination of Eyes (Form Bl 515);
- c. Responsible Relative Forms (Form Bl 225); i.e., the last form completed by each responsible relative.

In ANC:

- a. Birth evidence;
- b. Documentary evidence which established the classification under which aid was granted. (See Sec. 351-60, Reinvestigation of Classification.)

Whenever possible the first county, not later than three months prior to the effective date of transfer, shall send Notification of Effective Date of Transfer (Form Ag, Bl, CA 218) to the recipient in OAS, ANB, and APSB and, in ANC, to the person determining the child's residence, or the person responsible for child's care. (See Form Ag, Bl, CA 218, in Sec. 370-99, Forms Used in Transfer Procedures.)

The second county shall:

1. Secure a new application (Form Ag, Bl, CA 200, Bl 200A) to be retained in the county file. (See Sec. 201-25, When Application to be Taken.)
2. Complete the Certificate of Verification of Eligibility (Form Ag, Bl, CA 201 or Bl 201A) in the same manner as for any new application and forward it to the SDSW not later than 15 days after action by the board of supervisors.

**Sec. 370-00 Transfer of Aid  
OAS; ANB; APSB; ANC**

Entire chapter was written under authority of  
W & I Code Secs. 113, 114, 120, 1560, 2140,  
3075, 3460.

370-00

When the residence of a regular recipient of OAS, ANB, or APSB, or of a child on whose behalf ANC is paid, is changed to another county in the State, inter-county transfer arrangements shall be initiated in time to be completed before a one-year period of residence is established in the second county. (See Secs. 122-50 to 122-67 inclusive, and 122-75 of the Residence Chapter.) Transfer arrangements outlined herein are not applicable when a recipient of non-county aid moves to another county and establishes residence there. (See Sec. 122-70, Removal of Non-County Aid Recipient.)

The procedure outlined here provides for a method of notification between counties to insure continued receipt of aid when residence has been changed from one to another county in this State. The counties involved hereinafter are designated as follows: first county, the county which is currently paying aid; second county, the county to which residence has been changed; third county, any subsequent county to which residence may be changed prior to completion of one year's residence in second county.

Notification of Transfer (Form Ag, Bl, CA 215) shall be prepared in quintuplicate by the first county, section A being completed in full. One copy shall be retained and four copies shall be sent to the second county as soon as administratively possible after the first county learns of the recipient's removal to the second county. The first county shall supply the second county with any pertinent information other than that shown in section A of Form Ag, Bl, CA 215 and request any specific information desired. (See Form Ag, Bl, CA 215 in Sec. 370-99, Forms Used in Transfer Procedures.)

The first county shall send Notification to Recipient Who Changes County Residence (Form Ag, Bl 217) to the recipient in OAS, ANB, and APSB at the time section A of Form Ag, Bl 215 is completed. In ANC, Notification Concerning Change in County Residence (Form CA 217) shall be sent, when section A of Form CA 215 is completed, to the person determining the child's residence unless the child's county residence is determined by his own physical presence in which case the notification shall be sent to the person responsible for the child's care. The notification informs the person of future county procedure and of his own responsibilities if delay or interruption of aid is to be avoided.

Upon receipt of the Form Ag, Bl, CA 215, the second county shall make a home call to verify the presence of the recipient, or of the child or person determining the child's residence, in the county and to secure the completed Affidavit of County Residence (Form Ag, Bl, CA 216). (See Form Ag, Bl, CA 216 in Sec. 370-99, Forms Used in Transfer Procedures.) Exception: During the period of hostilities the requirement of a home visit may be waived except when there are reasonably adequate public transportation facilities to the home. An interview shall be held elsewhere and implemented by verifications secured through collateral sources. The case record shall set forth the conditions which made a home visit impossible.

If it appears that a lapse of time occurred between the date of removal from the first county and the establishment of residence in the second county, the second county shall obtain residence evidence which will either support or refute the presumption that the period of time for the acquisition of one-year's residence started upon the date of removal from the first county. The second county shall take into consideration the effect of the change in living conditions or other changes which might affect the grant of aid.

The second county shall complete section B of Form Ag, Bl, CA 215, retain one copy, and return three copies to the first county together with Form Ag, Bl, CA 216 properly completed and attested, and such supplementary report as is necessary.

**370-05 Sec. 370-05 Medical Care During Transfer Period  
OAS; ANB; APSB; ANC**

Entire chapter written under authority of  
W & I Code Secs. 113, 114, 120, 1560, 2140,  
3075, 3460.

The county to which a recipient of OAS, ANB or APSB has removed shall provide the necessary medical and/or hospital care if needed during the one year period of establishment of residence. The county may demand payment of the county granting the aid in an amount not exceeding the cost thereof. It shall be a proper charge, and the duty of the county granting aid to pay such medical and/or hospital charges.

In ANC, the county to which child receiving aid has removed shall provide necessary medical and/or hospital care during the one year period of establishment of residence. Except in emergency cases the county giving such care shall give immediate notice to the county granting ANC. This county shall accede to the plan of the county giving medical or hospital care within thirty days of receipt of notice or shall submit an adequate substitute plan. If such county fails so to do within thirty days the county offering medical and hospital care may proceed to demand payment for such care from the county granting aid. Costs of such care shall be a proper charge upon county granting aid.

It is possible that evidence which verified eligibility when the application was submitted by the first county will be inadequate upon review by current standards. In order that there may be no question as to current eligibility the second county should attempt to strengthen any evidence which is now substandard unless the passage of time leaves no question regarding current eligibility. For example, supporting evidence of residence as accepted when aid originally began need not be strengthened in the case of a recipient of OAS who has received aid during the five-year period preceding the granting of aid through the second county.

When the responsibility for payment of aid is transferred from the first to the second county, the beginning date of aid in the second county may antedate the signing of the application in the second county. The person concerned shall not lose his aid because the application has not been signed prior to the date on which the second county is responsible for payment of aid. (See Sec. 122-67, Continuous Payment of Aid in Transferred Cases.)

Should a regular OAS or ANB recipient, or in APSB a non-Federal recipient having residence in a second county establish residence in a third county before completing one year of residence in the second county, the second county has no responsibility for payment of aid. In ANC, this applies if the child's residence changes from the second to a third county prior to the completion of one year's residence in the second county. Payment of aid remains the responsibility of the first county until the end of the month following the completion of a one-year period from the date residence in the second county was established, but not beyond that date. Payment of aid thereafter by the third county is on a non-county basis. (See Sec. 122-65, Removal of Transferred Recipient to a Third County.) The first county shall notify the third county of the removal to the third county as soon as this information comes to attention and shall request the second county to forward to the third county such documents as were furnished the second county by the first county at the time transfer arrangements were made with the second county.

Entire chapter was written under authority of  
W & I Code Secs. 113, 114, 120, 1560, 2140, 3075, 3460.

FORM AG 218

**FORM AG 217 (revised)—December, 1940**  
(Formerly Ag 54)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

**Notice to Recipient of  
Old Age Security Who  
Changes County Residence**

**NOTICE TO RECIPIENT OF OLD AGE SECURITY WHO  
CHANGES COUNTY RESIDENCE**

Sacramento	4-000	Sac 1491 Ag
County	County No.	State No.

March 27, 1942

Date

John Doe  
NAME

Martinez, California  
ADDRESS

We have advised Contra Costa County that you have moved to that county with the intent to make it your future home. Within the near future a representative of the County Welfare Department where you are now living will communicate with you.

Old Age Security payments will be made from this county for a temporary period and thereafter, if you remain eligible, they will be paid through the county in which you are now living.

It is our desire that Old Age Security shall be received continuously and without interruption so long as you remain eligible. Your cooperation is necessary, however, in order that this may be possible. The county which issues a monthly warrant to you must be kept informed of all changes in your address. Should circumstances make it necessary for you to move to a new address before payment of aid is assumed by the county in which you are now living, please notify this department as well as the County Welfare Department where you are now living **before** you move. Any oversight on your part in notifying proper authorities may result in a delay or interruption in your aid.

In accordance with your sworn statement on your signed application, we urge you to discuss promptly with your local County Welfare Department, any changes in your circumstances or financial condition. This will include discussion of purchase or sale of real or personal property, and any changes in your income from property, responsible relatives, earnings, or any other source.

**FORM AG 218 (revised)—December, 1940**  
(Formerly Ag 53)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

**Notice to Recipient of Old Age Security  
of Effective Date of Transfer**

**NOTICE TO RECIPIENT OF OLD AGE SECURITY  
OF EFFECTIVE DATE OF TRANSFER**

Sacramento	4-000	Sac 1491 Ag
County	County No.	State No.

Oct. 19, 1942

DATE

John Doe  
NAME  
409 Beach St.  
Martinez, California  
ADDRESS

In accordance with our records, you will have completed a residence of one year in the  
County of Contra Costa on Jan. 16, 1943.

The County of Sacramento will discontinue your Old Age Security  
as provided in Section 2200 of the Old Age Security Law on Jan. 31, 1943.

If you have any questions, we suggest that you get in touch with the County Welfare  
Department in the county where you are now living.



FORM BL 218

2460.

FORM BL 217 (revised)—August, 1940  
(Formerly Bl 40)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

*Notification to Recipient of  
Blind Aid Who Changes  
County Residence*

**NOTIFICATION TO RECIPIENT OF BLIND AID  
WHO CHANGES COUNTY RESIDENCE**

Sacramento 3-999 Sac 414 Bl  
County No. State No.

April 6, 1942

Date

Richard Roe  
NAME

Woodland, California  
ADDRESS

We have advised Yolo County that you have moved to that County with the intent to make it your future home. Within the near future a representative of the County Welfare Department where you are now living will communicate with you.

Blind Aid payments will be made from this County for a temporary period and thereafter, if you remain eligible, they will be paid through the County in which you are now living.

It is our desire that Aid to the Needy Blind shall be received continuously and without interruption so long as you remain eligible. Your cooperation is necessary, however, in order that this may be possible. The County which issues a monthly warrant to you must be kept informed of all changes in your address. Should circumstances make it necessary for you to move to a new address before payment of aid is assumed by the County in which you are now living, please notify this Department as well as the County Welfare Department where you are now living BEFORE you move. Any oversight on your part in notifying proper authorities may result in a delay or interruption in your aid.

In accordance with your sworn statement on your signed application, we urge you to discuss promptly with your local County Welfare Department, any changes in your circumstances or financial condition. This will include discussion of purchase or sale of real or personal property, and any changes in your income from property, responsible relatives, earnings, or any other source.

FORM BL 218 (revised)—June, 1941  
(Formerly Bl 41)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

*Notice to Recipient of Blind Aid  
of Effective Date of Transfer*

**NOTICE TO RECIPIENT OF BLIND AID OF  
EFFECTIVE DATE OF TRANSFER**

Sacramento 3-999 Sac. 414 Bl  
County No. State No.

Oct. 16, 1942

Date

Richard Roe  
Name

Woodland, California  
Address

In accordance with our records, you will have completed a residence of one year in the County of Yolo on Jan. 5, 1943.

The County of Sacramento will discontinue your Blind Aid as provided in Section 3090 of the Aid to the Needy Blind Law on Jan. 31, 1943.

If you have any questions, we suggest that you get in touch with the County Welfare Department in the County where you are now living.

Entire chapter was written under authority of  
W & I Code Secs. 113, 114, 120, 156, 2140, 3075.

Entire chapter was written under authority of  
W & I Code Secs. 113, 114, 120, 1560, 2140,  
3075, 3460.

FORM BL 216

FORM BL 215 (revised)—November, 1939  
(Formerly Bl 32)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

**Notification of Transfer****NOTIFICATION OF TRANSFER**  
AID TO NEEDY BLIND

Date April 6, 1942

(A) To Yolo Co. From Sacramento Co.  
County of Second Residence County of First Residence  
This is to notify you that Richard Roe, Sac 414 Bl  
a recipient of BLIND AID in the amount of \$ 50.00 Name of Recipient  
through Sacramento Co., per month paid  
at 305 Main St. Woodland  
Address in Second County Jane Johnson  
Signature of County Worker, First County

Date May 4, 1942

(B) To Sacramento Co. From Yolo Co.  
County of First Residence County of Second Residence  
THIS IS TO CERTIFY that according to investigation we have been able to make to date, it was found that Richard Roe, Sac 414 Bl  
established his residence by union of act and intent in the county of Yolo Name of Recipient  
on Jan. 5, 1942 State Number  
Date Residence Established Second County Affidavit of Recipient (Form Bl-214)  
(Formerly Bl 31) that need has continued and it is recommended  
that BLIND AID continue in the amount of \$ 50.00  
The date for beginning payment of BLIND AID by Yolo Co.  
will be\* Feb. 1, 1943 if applicant is otherwise eligible.  
Alice Roe  
Signature of County Worker, Second County

Date May 18, 1942

(C) To Yolo Co. From Sacramento Co.  
County of Second Residence County of First Residence  
This is to notify you that BLIND AID will continue in the amount of \$ 50.00  
to Richard Roe, 305 Main Street, Woodland  
Name of Recipient and the date for discontinuance of BLIND AID in first county will be Jan. 31, 1943  
unless there is a change in residence or financial condition.  
Jane Johnson  
Signature of County Worker, First County

**Directions for Handling Notifications of Transfer**

First county fills out Section A on 5 copies of Form BL 215 (Formerly Bl 32), retaining 1 copy and sending 4 to the second county. Second county fills out Section B, retaining 1 copy and returning 3 to the first county. First county fills out the notification, Section C, retaining 1 copy, sending 1 copy to the State Department of Social Welfare, and returning one to the second county with certified copies of original application and supporting documents.

\*First day of the first month subsequent to completion of one year of residence unless a residence of one year is completed on the first day of the month, in which case payment of aid will begin on that date.

FORM BL 216 (revised)—March, 1941  
(Formerly Bl 31)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

**Affidavit of Residence of a Recipient of Blind Aid**

County Sacramento  
County No. 3-999  
State No. Sac 414 Bl

**AFFIDAVIT OF RESIDENCE OF A RECIPIENT OF BLIND AID**

THIS IS TO CERTIFY, That I, Richard Roe  
left the County of Sacramento on Jan. 5, 1942  
and decided to live permanently in the County of Yolo  
on Jan. 5, 1942  
I made this change for the following reason: My family moved due to  
employment transfer.

Richard Roe  
Signature or Mark of Affiant

NOTE.—When the affiant can not sign his name, the  
signature of two witnesses to his mark must  
appear.

WITNESS TO MARK

WITNESS TO MARK

Subscribed and sworn to before me this 18 day of April 1942.

Name Jane Johnson Title Deputy County Clerk  
Signature of County Clerk or Person Qualified to Acknowledge an Affidavit

Entire chapter was written under authority of W & I  
Code Secs. 113, 114, 120, 156, 2140, 3075, 3460.

## FORM CA 218

## FORM CA 218 (revised)—December, 1940

(Formerly CA 50)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE

## Notification of Effective Date of Transfer

## FORM CA 217

## FORM CA 217 (revised)—August, 1940

(Formerly CA 48)

STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARENotification Concerning Change of  
County Residence

## Notification Concerning Change of County Residence

## AID TO NEEDY CHILDREN

Sacramento	3-323	Sac 404 CA
County	Co. No.	State No.
Smith, Sarah		<i>et al.</i>
Name of Children		
March 20, 1942		
Date		

To:

Mary Smith  
2244 Green Street  
San Francisco,  
California

We have advised San Francisco County of the change in county residence of the above named children. Within the near future a representative of the county welfare department where you are now living will communicate with you.

Aid to Needy Children payments will be made from this county for a temporary period and thereafter, if the children remain eligible, payments will be paid through the county in which they are now living.

It is our desire that Aid to Needy Children shall be received continuously and without interruption so long as the children remain eligible. Your cooperation is necessary, however, in order that this may be possible. The county which issues a monthly warrant to you must be kept informed of all changes in your address. Should circumstances make it necessary for you or the children to move to a new address before payment of aid is assumed by the county in which you are now living, please notify this department as well as the county welfare department where you are now living, BEFORE you move. Any oversight on your part in notifying proper authorities may result in a delay or interruption in your aid.

In accordance with your sworn statement on your signed application, we urge you to discuss promptly with your local county welfare department any changes in your circumstances or financial condition. This will include reporting marriage of parent or a child as well as discussion of purchase or sale of real or personal property, and any changes in your income from property, earnings, or any other source.

## Notification of Effective Date of Transfer

## AID TO NEEDY CHILDREN

Sacramento	3-323	Sac 404 CA
County	County No.	State No.
Sarah		<i>et al.</i>
Name of Children		
Oct. 16, 1942		
Date		

To:

Mary Smith  
2244 Green Street  
San Francisco,  
California

In accordance with our records, the above named children will have completed a residence of one year in the County of San Francisco on Jan. 10 1943

The County of Sacramento will discontinue Aid to Needy Children as provided in Section 1527 of the Aid to Needy Children Law on Jan. 31 1943

If you have any questions, we suggest that you get in touch with the County Welfare Department in the county where you are now living.

**FORM CA 215 (revised)—August, 1940**  
 (Formerly CA 47)

**NOTIFICATION OF TRANSFER  
AID TO NEEDY CHILDREN**

**Notification of Transfer**

Date March 20, 1942

(A) To San Francisco FROM Sacramento  
 County of second residence County of first residence

This is to notify you that a change in residence has taken place for

Sarah Smith et al., Sac 404 CA who have been receiving Aid to Needy Children in the amount of \$ 75.00 per month paid through Sacramento County of first residence

(Fill in applicable statement, either or both)

1. Person determining residence of children moved from County of Sacramento to County of San Francisco on Jan. 10, 1942, and is living at 2244 Green St., San Francisco. Address in second county

2. Children moved from County of \_\_\_\_\_ to County of \_\_\_\_\_ on 19, and are being cared for by \_\_\_\_\_ Relationship to children living at \_\_\_\_\_ Address in second county

[SIGNATURE OF COUNTY WORKER] Nellie Hughes

Date April 3, 1942

(B) To Sacramento FROM San Francisco  
 County of first residence County of second residence

This is to certify that according to investigation we have been able to make to date, it was found that county residence for Sarah Smith et al., State No. Sac 404 CA was established in San Francisco on Jan. 10, 1942 (Affidavit Form CA 216 attached); that need has continued and it is recommended that Aid to Needy Children continue in the amount of \$ 75.00 Total

The date for beginning payment of Aid to Needy Children by San Francisco County of second residence will be Feb. 1, 1943 if the children are otherwise eligible. First day of the first month subsequent to completion of one year of residence unless a residence of one year is completed on the first day of the month in which case payment will begin on that date

[SIGNATURE OF COUNTY WORKER] Dorothy Daerling

Date April 15, 1942

(C) To San Francisco FROM Sacramento  
 County of second residence County of first residence

This is to notify you that Aid to Needy Children will continue in the amount of \$ 75.00 Total to Sarah Smith et al., 2244 Green St., San Francisco Name of children 1-31-43

The date for discontinuance of Aid to Needy Children in first county will be \_\_\_\_\_ Last day of the month in which one year of residence will have been completed if they continue to be eligible.

[SIGNATURE OF COUNTY WORKER] Nellie Hughes

**DIRECTIONS FOR HANDLING NOTIFICATIONS OF TRANSFER**

First county fills in Section A on 5 copies of Form CA 215, retaining 1 copy and sending 4 to the second county. Second county fills in Section B, retaining 1 copy and returning 3 to the first county. First county fills in Section C, retaining 1 copy, sending 1 copy to the State Department of Social Welfare, and returning 1 to the second county, with certified copies of original application and supporting documents.

**FORM CA 216 (revised)—December, 1940**  
 (Formerly CA 49)

**STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL WELFARE**

**Affidavit of County Residence**

Sacramento 3-323 Sac 404 CA  
 County County No. State No.

Smith et al.  
 Name of Children

**AFFIDAVIT OF COUNTY RESIDENCE  
AID TO NEEDY CHILDREN**

For use in connection with a transfer of aid as provided under section 1527 of the Aid to Needy Children Law  
 (To be filled in by person determining residence, or if residence is established under section 1526(e),  
 by person responsible for the care of the child.)

THIS IS TO CERTIFY THAT I, Mary Smith Name  
 residing at 2244 Green St. am the Mother of Sarah et al. Relationship to Children Name of Children  
 I have resided in the County of San Francisco since Jan. 10, 1942

and intend to continue residing in said county.

Sarah et al., are being cared for by Mary Smith Name  
Mother and have been physically present in the County of San Francisco Relationship to Children since Jan. 10, 1942

The change in the county residence of the children has been due to my employment.

NOTE.—When recipient cannot sign his name the signature of two witnesses to his mark must appear.

Mary Smith Signature or Mark

WITNESS TO MARK

Subscribed and sworn to before me this 16 day of March, A. D. 1942

WITNESS TO MARK

Elaine Keebler Deputy Co. Clerk  
 SIGNATURE OF COUNTY CLERK OR PERSON  
 QUALIFIED TO ACKNOWLEDGE AN AFFIDAVIT

Section 4295, Political Code, as amended by 1937 Legislature provides, in part:  
 ("Whenever the oath of an affiant or the affidavit is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath.")

FORM CA 215 FORM CA 216

## REVISION RECORD

*Revisions issued in changing this chapter will be numbered in sequence. Changes made will be indicated by a vertical line in the margin of the corrected page, against the line or lines changed.*

*IT IS IMPORTANT that the holder of this Manual check the numbers below, corresponding with the number of the revisions when the latter have been incorporated in the Manual and the old pages removed, and that the State Department of Social Welfare be promptly notified in the event a number is passed without receipt of the corresponding numbered sheet.*

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## SPECIAL SERVICES

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445-00 **Sec. 445-00 Medical Care for Recipients of Aid** W & I Code 2200, 3090**OAS; ANB; APSB**

The fact that a person receives aid does not in and of itself entitle him to receive free medical care in county facilities. Counties are given authority to provide rules governing the admission of patients to county hospitals. A recipient of aid qualifies for hospitalization only if he meets the eligibility requirements for hospital care as established by the particular county.

Medical and hospital care for recipients of aid who are transferring from one county to another is provided according to the provisions of the respective category of aid. (See Sec. 430-05, Medical Care During Transfer Period.) These provisions apply only to regular recipients in OAS, and ANB or, in APSB, to non-Federal recipients who are in process of transferring from one county to another.

445-10 **Sec. 445-10 Medical Care to Prevent Blindness** W & I Code 3051**ANB; APSB**

The SDSW may provide for treatment or operations to prevent blindness, or restore vision to applicants for, or recipients of, ANB or APSB who voluntarily request and make written application for such treatment or operation.

This service shall be extended only to those persons whose age and physical and mental condition will make such physical rehabilitation profitable to the individual, shown by the findings of the physician in the report of the eye examination to be eligible for such treatment, and recommended for such treatment by the advisory committee of ophthalmologists after a full investigation of each case.

The treatment or operation recommended shall be given at any hospital or clinic designated by the advisory committee, and necessary traveling expenses shall be allowed as part of the expenses of the treatment.

No funds have been provided by the Legislature for carrying out these provisions of the law.

445-20 **Sec. 445-20 Burial Provisions****OAS; ANB; APSB; ANC; GR**

The State provides no funds for the burial of recipients of OAS, ANB, APSB, or the child for whom ANC is paid.

The U. S. Government provides a sum for the burial of U. S. veterans of World War I through the Veterans' Administration. Their nearest office should be consulted for detailed information.

## SPECIAL SERVICES FOR THE BLIND

445-50 **Sec. 445-50 State Services for the Blind**

The SDSW, the State Department of Education, and the State Department of Institutions provide special facilities and activities in behalf of the blind. The SDSW supervises the administration, by the counties of California's two public assistance programs for the blind. The State Department of Education offers the blind educational facilities including instruction of visually handicapped children at a residential school, vocational rehabilitation service, library services, and instruction in reading raised type. The State Department of Institutions provides housing for blind persons under certain conditions, instructions in handicraft, sheltered employment, and home instruction in craft work and adjustment service. Further information regarding the services offered by the latter two departments follow. (For the Services Provided by the Bureau of Vocational Rehabilitation see Sec. 446-00 to 446-25 inclusive.)

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## SPECIAL SERVICES

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This chapter was adopted by the Board for inclusion in the Manual but was not adopted as rules and regulations since it is largely informational in character. The material contained in Special Services Chapter was written with the assistance of several other departments.

### **FOREWORD—SPECIAL SERVICES**

Any public assistance program concerns itself with individuals who are faced with economic, social, or personal problems, and whose circumstances are such that they require the assistance of the community. It is the purpose of such a program to provide financial assistance to needy individuals commensurate with the maintenance of their continued well-being, and to provide services to those individuals having social or personal problems which will assist, in so far as possible, in meeting those problems. Because of the varied needs of recipients, technical knowledge from many professional fields must be provided in the development of services to recipients.

This chapter describes some of the special services available in meeting the needs or problems of individuals known to the county.

445-60 Sec. 445-60 Services to the Blind of the State Library of the State Department of Education

The Books for the Blind Section of the California State Library in Sacramento serves the blind of California by (1) lending reading material in embossed types (principally Braille and Moon); (2) offering instruction in the use of these types; and (3) lending talking-book machines and records. The type of material offered is the same, in most respects, as that available in ink print in the average public library. It includes current and popular fiction and non-fiction as well as the classics. The collection has been augmented by the addition of material provided by the Federal Government through the Library of Congress. Over 26,000 books in Braille and 11,000 in Moon are included exclusive of magazines, music, and books in various embossed types no longer in general use. Any of this material is sent free on application.

The State Library also lends books on records, "talking books", provided by the Federal Government, to be placed on reproducers known as "talking-book machines." There are records to suit every taste and interest, and like books, they are sent free through the mails, as provided in the Postal Code.

The Federal Government, through the California State Library, loans "talking-book machines" to blind persons who are financially unable to purchase such instruments. Over 900 machines are in the custody of the State Library for distribution to residents of California and Nevada. The Library will gladly send further information on application.

To enable blind persons to read for pleasure and profit, the State Library employs two home teachers, both partially blind, who give instructions in raised types to the blind in their homes, in libraries and recreation centers, and by correspondence when personal contact is not possible. They also teach typing and Braille writing, and assist their pupils with the various problems incident to blindness.

In northern California the teacher is Mrs. Juliet Bindt, whose address is 2730 Garber Street, Berkeley, telephone Thornwall 8680. Mrs. Bindt makes frequent field trips to communities in the vicinity of the bay area and occasional visits to other cities. The teacher for southern California is Miss Catherine J. Morrison, whose headquarters are at 951 South Kenmore Avenue, Los Angeles, telephone Fitzroy 3251. Miss Morrison regularly visits most of the principal cities of southern California. When in doubt as to which teacher serves a particular town, the inquirer should write directly to the State Librarian, Miss Mabel R. Gillis, Library and Courts Building, Sacramento.

**Sec. 445-55 Services Offered by the California School for the Blind of the State Department of Education**

445-55

The California School for the Blind is a residential school located at 3001 Derby Street, Berkeley, whose primary purpose is to provide a general education through the elementary and secondary grades. Special courses, infirmary treatment, and the care and maintenance of children are secondary. The school is in no sense an asylum or hospital but an educational institution for the benefit of blind children.

The following list indicates the nature of instruction offered by the school:

1. Kindergarten
2. Academic—Grades 1 to 12
3. Commercial—Typing and Dictaphone
4. Musical—Piano, Voice, Organ, Violin, Orchestra, Band Instruments
5. Home Economics—Sewing, Cooking, Housekeeping, General Homemaking
6. General Handwork—Basketry, Weaving, Claywork, Woodwork
7. Vocational Course—Piano Tuning
8. Physical and Recreational—Physical Education and directed Physical and Social Activities

The children's living quarters are like those found in modern apartments, with living, lounging, and recreational rooms, bedrooms or small dormitories, adequate toilet and bathing facilities, large and airy dining rooms, well-appointed kitchen and store-rooms, with complete cold storage facilities, and appropriate quarters for attendants and helpers. The boys are housed in one building in four groups according to age and grade, while the girls have three such groups in two buildings.

The school building has rooms for academic classes, special facilities for music, including insulated practice rooms and an adequate supply of musical instruments, a typing and dictaphone room, library and printing rooms, kindergarten, four shop rooms, an auditorium with a modern pipe organ, and an administration and business suite. The grounds are suitable for the needs of the school and provide special recreational facilities.

Any resident of California of suitable age and capacity, who by reason of visual defect cannot profit to his full ability by attendance in regular public school courses, is entitled to admission to the school. Every entrant must pass a probationary period and any pupil may be dismissed for cause at any time.

An applicant need not be totally or even partially blind to be eligible for admission as the school carries on sight-saving and adjustment programs. Approximately one-half of the students enrolled in 1940-1941 had some useful vision.

All costs are met by the State except those for transportation, clothing, and incidentals. These additional expenses may be provided by the county of residence on presentation of proper application by parents or guardians. No child is dismissed from the school because of inability to meet these additional expenses.

The school maintains a complete guidance service (1) for those pursuing work in the University High School of Oakland or other local high schools and (2) for all blind or partially blind students in approved colleges or universities in California who desire to profit by this service.

Special provision for readers is made for blind matriculants in approved universities and colleges in California. Inquiries regarding the readers' fund as well as those regarding other services of the school should be addressed to the California School for the Blind.

445-90 Sec. 445-90 Other Agencies Providing Services for the Blind

In addition to State and county agencies, there are a number of other social and educational agencies in California which provide special services for blind persons. Among these are the following:

**American Brotherhood for the Blind, Inc.**, 117 West 9th Street, Los Angeles; managed by board of directors; maintained by voluntary contributions; publishes the "All Story Braille Magazine" and distributes it free to the blind throughout the entire United States and foreign countries; gives counsel and information; furnishes Braille writing materials, white canes, and promotes helpful legislation for the blind; non-profit and non-sectarian; a member organization of the California Counsel for the Blind.

**Braille Classes**, Long Beach Public Schools, 3927 East 8th Street, Long Beach; two classes; maintained by city and State funds.

**Braille Classes**, Los Angeles Public Schools, 3232 University Avenue, Los Angeles; two centers; maintained by city and State funds.

**Braille Institute of America, Inc.**, 741 North Vermont Avenue, Los Angeles; managed by board of trustees; maintained by voluntary contributions and endowments; serves the English-reading world; prints books and magazines in Braille and Moon type; distributes the Bible in Braille on a non-profit basis and free to blind persons who are unable to pay; provides business guidance for employable blind; social welfare; free lending library.

**California Council for the Blind**, 6441-A Colby Street, Oakland; maintained by donations from those local organizations of the blind which have representation in the Council (no paid workers); coordinates the work of all agencies in the State which seek to help the blind; membership restricted to 25; about three-fourths of the members are blind delegates, representing various local organizations of blind persons, remaining members are State officials; meets semi-annually. The California Council for the Blind holds a State membership in the "National Federation of the Blind."

**Hazel Hurst Foundation**, Monrovia, California; a non-profit, philanthropic organization devoted to the training of guide dogs; supported entirely by public subscription.

**National Transcribers Society for the Blind, Inc.**, 1691-1695 El Camino Real, Palo Alto, California; serves the United States (especially the Pacific Coast); managed by board of directors; maintained by private funds; gives home employment to the blind through the transcribing of books into Braille; gives instruction in Braille; maintains a free circulating library.

**Nursery School for Visually Handicapped Children**, 2531 Fifth Avenue, Los Angeles; serves the western states; managed by board of directors; maintained by Delta Gamma Sorority and friends; a day and resident nursery school for visually handicapped pre-school children; sponsors conservation of vision activities.

**San Francisco Association for the Blind**, 1097 Howard Street, San Francisco; (Registered Trademark "Blindercraft"); serves northern California; managed by board of directors; maintained by income from industries, memberships, and private donations; provides employment for the adult blind in factory; sponsors social and recreational activities. Factory: 1097 Howard Street, San Francisco; manufacturing of reed and ratan furniture, baskets, brooms, loom products; chair-caning and miscellaneous handwork.

Sight-Saving Classes:

**Berkeley Public Schools**, maintained by State funds.

**Long Beach Public Schools**, maintained by city and State funds.

**Los Angeles Public Schools**, maintained by city, county and State funds.

**Pasadena Public Schools**, maintained by State funds.

**San Diego Public Schools**, maintained by State funds.

**San Francisco Public Schools**, maintained by city and State funds.

A list of local agencies serving the blind may also be secured from the SDSW.

**Sec. 445-70 Services of Industrial Home for the Adult Blind of the State Department of Institutions 445-70**

The State maintains an Industrial Home for the Adult Blind at 3601 Telegraph Avenue, Oakland, to provide residence accommodations and industrial employment for blind persons in California who are eligible for admittance.

A written application for admittance must be approved by the superintendent of the home. Applicant must be of suitable age, free from any contagious disease, commercially blind, and a resident of the State for three years prior to filing application.

The resident population at normal capacity is 67 men and 48 women. In addition, a considerable number of day workers are employed in the workshop of the home.

Each resident has a private room, full board, and medical and dental care with the exception of surgery and confinement for contagious diseases. Personal services such as laundry, letter writing, reading, mending, clinic treatments, etc., are provided.

Each resident's room is equipped with a special radio connection to a master aerial. Musical activities include choral groups, radio in main dining rooms hooked to public address system, and a music room with piano and radio. Reading groups, assembly hall and hobby-room, semi-monthly dances, candy and soft-drink vending machines at convenient locations provide recreational activities.

Industrial activities include sewing shops and broom shops which produce garments and several types of brooms for both the Federal and State Governments. Brooms are also produced for general sale.

The home also maintains a field department. The State is divided into eight geographical areas for the work of this department. A field worker supervises each area and provides instruction in all types of handicraft for persons in their own homes or in classes.

**Sec. 445-80 Services of the State Workshops for the Blind of the State Department of Institutions 445-80**

The State maintains two industrial workshops for the blind, one in Los Angeles and one in San Diego. Both shops are under the supervision of the State Department of Institutions.

**Industrial Workshop for the Blind**, Los Angeles: Address: 239 West Adams Boulevard; telephone: Prospect 1323. This is a State institution for the visually handicapped in the Los Angeles area.

Admission requirements are one year's residence in the State, visual handicap of a maximum vision of 40 per cent, freedom from infectious and contagious diseases, suitable age, and physical and mental ability to perform the tasks required.

The shop manufactures reed baskets, brushes and brooms, rugs, rubber mats, mattresses, sleeping bags, pillow-cases, and various types of leather goods, including wallets, belts, suspenders, etc.

**State Blind Shop**, San Diego: Address: 410 Market Street; telephone: Main 1518. This is a State institution for the visually handicapped in the San Diego area.

Admission requirements are residence in the State one year previous to application, freedom from infectious and contagious disease, physically able to perform light tasks in keeping with factory production.

The shop manufactures baskets, reed furniture, rugs, mops, deck swabs, leather goods, door mats, linen articles, brooms, brushes, etc., and engages in such work as piano tuning, chair repairing, and tennis-racket restrunging.

**446-15 Sec. 446-15 Training Offered by Bureau of Vocational Rehabilitation**

The training given is strictly vocational in character. It may be given (1) in public or private school, (2) by employment training method (learning on the job), (3) by tutoring, or (4) by correspondence courses. Sometimes combinations of these methods are used. Training may be in any field; i.e., trade or industrial, commercial, technical, agricultural, or professional. It may be on any level, from simple trades such as shoe repair or assembly work which require no "book learning" up to the professional level.

**446-20 Sec. 446-20 Maintenance During Training**

At present funds cannot be used to provide maintenance during training. Some trainees live at home or with relatives; some receive compensation payments for industrial accidents; some secure a loan; some are aided by county welfare departments until they are able to earn.

**446-25 Sec. 446-25 Interviews with County or Applicants**

The Bureau of Vocational Rehabilitation is glad to confer with county workers concerning their physically handicapped clients who may profit by rehabilitation service. The bureau will also interview clients referred for possible service. Application blanks and information leaflets are available upon request.

The offices of the Bureau of Vocational Rehabilitation are as follows:

Central office—404 Library and Courts Building, Sacramento  
District offices—515 Van Ness Avenue, Room 515, San Francisco  
306 West 3d Street, Room 800, Los Angeles

Rehabilitation coordinators are available at the following local offices:

John Dewey School, Long Beach  
Capitol School Administration Building, Modesto  
c/o County Superintendent of Schools, Salinas  
835 Twelfth Avenue, San Diego  
San Jose High School Building, San Jose  
1120 South Main Street, Santa Ana  
c/o County Superintendent of Schools, Santa Cruz  
c/o County Superintendent of Schools, Santa Rosa  
Room 320, City Hall, Stockton  
c/o County Superintendent of Schools, Visalia  
711 Twenty-ninth Street, Oakland  
305 Platt Building, 491 Fifth Street, San Bernardino

**SERVICES OFFERED BY LOCAL HEALTH DEPARTMENTS AND THE STATE  
DEPARTMENT OF PUBLIC HEALTH**

**446-75 Sec. 446-75 Functions of State Department of Public Health**

The State Department of Public Health is charged with the responsibility of examining into the causes of all communicable diseases of man and domestic animals, controlling the preparation of foods and drugs, investigating and preventing pollution of domestic water supply, investigating sources of morbidity and mortality in any area of the State, providing services to physically handicapped children, investigating conditions affecting the health of children, providing diagnostic laboratory services, supervising all public hospitals for the care of the tuberculous, inspecting nurseries and maternity wards of all hospitals, licensing all clinics, and advising all local health officers in matters pertaining to public health problems.

**446-78 Sec. 446-78 Funds for the State Department of Public Health**

Funds for carrying on activities included in Sec. 446-75, Functions of State Department of Public Health, are supplied in part by State appropriations. The greater part of the functions are financed by funds granted to the State by the Federal Government. Such funds are allotted through the Federal Venereal Disease Control Act and through Titles V and VI of the Social Security Act.

**Sec. 445-95 Use of White Canes by Blind Persons**

445-95

No persons except those wholly or partially blind shall use a white cane or a white cane tipped with red. Every pedestrian or driver of a vehicle who approaches a person carrying a white cane shall come to a full stop and shall take precautions to avoid accident or injury to the person wholly or partially blind. Any person not wholly or partially blind who carries the white cane or who fails to heed the approach of such a person or fails to come to a stop on approaching such a person is guilty of a misdemeanor.

**Sec. 445-97 Special Transportation Rates for Blind Persons**

445-97

The Federal Interstate Commerce Act provides that a common carrier coming under the provisions of the Act may carry any totally blind person accompanied by a guide or seeing-eye dog, or other guide dog specially trained and educated for that purpose at the usual and ordinary fare charged for one person under such reasonable regulations as may have been established by the carrier.

State law provides that all blind residents of the State may be granted free transportation on all street cars. They may be permitted to travel on all other common carriers within the State for one-half the current fare. When any blind person is accompanied by a guide, the combined fares for such blind person and his guide may be fixed at not to exceed the current fare for an individual.

## BUREAU OF VOCATIONAL REHABILITATION OF STATE DEPARTMENT OF EDUCATION

**Sec. 446-00 Purpose and Support of the Vocational Rehabilitation Program**

446-00

The purpose of vocational rehabilitation is to fit physically handicapped persons for remunerative employment and to place them in employment.

The service is supported by Federal and State appropriations. It is administered by the State Department of Education through the Bureau of Vocational Rehabilitation. This service is state-wide in the sense that contacts and counseling interviews may be arranged at any place. As training facilities are limited or non-existent in rural areas it is frequently necessary for the trainee to go to the nearest center where facilities exist for the kind of preparation he or she may need.

**Sec. 446-05 Eligibility for Vocational Rehabilitation**

446-05

Vocational rehabilitation is available to men and women who have been residents of the State for one year, who are 16 years of age or over, and who are vocationally handicapped by reason of physical disability. The disability may be from any cause, industrial or other accident, disease, or congenital defect. Included are the crippled, the blind or partially blind, the deaf, the hard of hearing, the tuberculous, the heart defective, and those otherwise handicapped.

Since the purpose is to make disabled persons employable in industry, any existing factors which would prevent employment may be the basis for rejection. For example, the elderly or aged, the homebound, epileptics, and those mentally or temperamentally unfit for work are not accepted unless mitigating circumstances indicate employability.

**Sec. 446-10 Services Provided by Bureau of Vocational Rehabilitation**

446-10

The services provided vary with the needs of the person. Counseling or guidance for an immediate job may be all that is required in some cases. Counseling followed by vocational training is more often needed and provided. Prostheses (artificial arm, leg, hearing aid, etc.) may be provided if necessary for a particular job and if it cannot be otherwise secured. Transportation to place of training or to a job may be provided under certain limitations. Tuition, training supplies, and equipment are provided free of charge in training cases.

The bureau is the official licensing agency in California for the establishment of vending stands operated by blind persons in post offices and other Federal buildings.

CRIPPLED CHILDREN SERVICES OF STATE DEPARTMENT OF PUBLIC HEALTH

447-00 **Sec. 447-00 Federal Provisions for Crippled Children Services**

Federal funds are provided each fiscal year to enable each state to extend and improve (especially in rural areas and in areas suffering from severe economic distress), services for locating crippled children, and for providing medical, surgical, corrective, and other services and care, and facilities for diagnosis, hospitalization, and aftercare for children who are crippled or who have conditions which may lead to crippling.

The Children's Bureau of the Department of Labor is charged with the administration of this section of the Social Security Act. The State is required to submit a comprehensive plan of services to provide for crippled children, including methods and procedures, services and personnel and standards of care. Federal funds are allocated to the State after approval of the plan on the basis of population, number of crippled children registered and need.

Federal funds made available to the State are used to pay doctors' fees, while counties are billed for hospital costs, operating room charges, etc. In addition, Federal funds are used for the administrative costs of the program, for expenses of conducting itinerant clinics, and for meeting the entire cost of care for children between 18 and 21, who are ineligible for care through the State Crippled Children's Act, the upper age limit of which is 18 years. Federal funds are used in certain instances to provide care for children whose residence status is not clear.

When the county provides care for crippled children in the county hospital, Federal funds may be used to reimburse the county for a part of the cost of care, provided the county hospital meets the required standards.

447-10 **Sec. 447-10 State and County Provisions for Crippled Children Services**

The State Crippled Children's Act defines a "handicapped child" as a "physically defective or handicapped person under the age of 18." The State Department of Public Health is required to "seek out" such handicapped children by means of local surveys or local diagnostic clinics.

If the parents are wholly or partly unable to pay for the care of a crippled child, they may file a petition in the Superior Court of the county in which they reside, setting forth the facts. The petition is filed without charge and the hearing is usually heard ex parte (informally in the judge's chambers). When the judge is satisfied that the parents are residents of the county and that they cannot arrange the medical treatment themselves, he issues a certificate to that effect. (See Sec. 447-89, Forms Used in Crippled Children Services.) One copy is filed by the clerk of the court and an original or certified copy is forwarded to the Crippled Children Services of the State Department of Public Health, who arrange for necessary care for the child. Costs of this care are paid from a \$50,000 State Revolving Fund, provided in the Act and charged back to the county which issued the certificate.

Participation of the counties in this program is permissive, not mandatory. The counties may take care of their crippled children independently. The board of supervisors may levy a special tax which shall not exceed in any one year the sum of three mills on each dollar on the assessed valuation of the taxable property in the county. The money from this special tax is deposited in a special fund and used to pay the bills incurred under the Act. The board of supervisors may also transfer money from the general fund to the special fund.

447-20 **Sec. 447-20 Purpose of Crippled Children Services Program**

The medical care of crippled children is usually expensive and of long duration. Many families who are able to meet ordinary expenses are unable to pay for the specialists' care which is required. Resources such as orthopedic and other specialists, medical institutions, appliance companies, etc., are not available in rural counties.

The total needs of the child should be considered; the social, educational and vocational problems must be met as well as the medical problems. The purpose of the program, therefore, is to provide the necessary medical and social services for physically handicapped children in order that their handicap may be corrected, in so far as possible, enabling them to become useful members of their communities.

**Sec. 446-81 Relationship Between the State Department of Public Health and Local Health Departments**

446-81

Both the State and local health departments are responsible for conditions affecting the health of all the people irrespective of age, employment, or economic status. The State Department of Public Health carries on special activities through local health units, and also works directly with the people.

Among these activities are included industrial health activities, provision of prenatal and infant care by clinics, the provision of obstetric and post-natal care for wives of servicemen, establishment and operation of venereal disease control programs, the investigation of the presence of plague, typhus fever, tularemia, and other diseases transmitted to men from animals, and a broad program of health education throughout the State. (See Sec. 448-10 et seq. re Bureau of Venereal Disease, and Sec. 449-00 et seq. re Bureau of Maternal and Child Health.)

The Bureaus of the State Department of Public Health also act in an advisory capacity to local health officers and other personnel. In the absence of full-time local health services, the State Department of Public Health deals directly with interested public health, medical and lay people on matters pertaining to community health.

The local health department is the center and source of proper and effective public health effort. Full-time health units may be established by the boards of supervisors. The State Department of Public Health will render advisory assistance in the establishment of any new services to communities, and in the expansion of existing services to meet the needs of the people. The State Department of Public Health also renders aid financially, through grants of monies received from the Federal Government.

**Sec. 446-84 Relation Between State and Local Health Departments and County Welfare Departments**

446-84

County welfare departments may secure assistance from local health officers on problems in which there is mutual interest. Such problems include the diagnosis of communicable diseases among juveniles in detention homes, among others in jails, and among the home contacts of case workers. The health officer may act in an advisory capacity in the supervision of medico-social problems. Through the local health officer, the State Department of Public Health may be called on for assistance in meeting industrial problems, housing, sanitary problems, etc. The personnel of both the local and the State departments of health are available for assistance to individuals dealing with nursing problems, guidance, sanitation supervision, advice on water supply, sewage disposal, rodent control, infant feeding, care of children, dietary instruction, laboratory diagnosis, etc. Where there is a full-time health department established locally, all such problems are handled by that department; otherwise the State Department of Public Health will assist upon request.

Health departments have literature on infant and child care, nutrition for the entire family, posture and personal hygiene, control of communicable diseases and of non-communicable diseases such as cancer, heart disease, diabetes, and the deficiency diseases. Both local and State health departments will participate in inter-departmental staff conferences and carry on educational programs among the staff or among the lay public generally. Films, pamphlets, and services of speakers may be obtained from the State Department of Public Health.

447-50 Sec. 447-50 Cooperation with Public and Private Agencies

In order to achieve its purpose, Crippled Children Services has a close and continuing relationship with the following public and private organizations:

1. Other Divisions of the State Department of Public Health
  - a. Bureau of Maternal and Child Hygiene—Many children are discovered to be in need of care at well-baby clinics conducted by this bureau. Staff pediatricians do general physical examinations of all new patients seen at crippled children's clinics.
  - b. Public Health Nursing Services—The local public health nurses do the case finding and nursing follow-up on crippled children.
  - c. Bureau of Epidemiology—Refers acute cases of infantile paralysis and other diseases that may cause crippling defects.
  - d. Bureau of Vital Statistics—Refers reports of congenital deformities as reported on birth records.
2. State Department of Education
  - a. Bureau of Vocational Rehabilitation—Because many of the children have handicaps which are also vocational handicaps, this division provides counseling, guidance, and vocational training.
  - b. Bureau of Correction of Speech Defects—Many children who have had plastic repairs of hare lips or cleft palates need special speech work.
  - c. Many children require home teachers or bedside instruction.
  - d. Division of Indian Education—Division of Indian Education may allot funds for the care of non-ward Indian crippled children.
3. State Department of Institutions
  - a. Psychologist from Sonoma State Home visits northern counties, and upon referral provides psychometric examinations for crippled children.
4. State Department of Social Welfare
  - a. Child Welfare Division—Offers consultant services as crippled children have the same needs as other children. Standards for foster homes are established. Such homes are needed for convalescent care and as permanent homes for handicapped children.
  - b. Field Service Division—To inform the field representatives of the extent and problems encountered in regard to the crippled children's program in various counties.
  - c. Aid to Needy Children Division—Many of the crippled children are in families who receive this type of assistance.
5. U. S. Indian Service

The U. S. Indian Service provides care either in their own hospitals or in contract hospitals, after diagnosis and recommendation for care of ward Indian crippled children has been made by Crippled Children Services.
6. National Foundation for Infantile Paralysis

Close cooperation is maintained with the State office of the National Foundation for Infantile Paralysis as well as the local county chapters in joint plans for the care of many children whose deformities are due to the after-effects of infantile paralysis.
7. Shriners Hospital for Crippled Children

Shriners Hospital accepts only certain types of orthopedic cases and has an age limit of 14. Children ineligible for care at this institution, either because of the type of medical problem or because of age, are referred to Crippled Children Services. The names of all new cases accepted at Shriners are reported monthly for inclusion in the State-wide register of crippled children.
8. State and Local Societies for Crippled Children

Close cooperation is maintained with the State and local chapters of the Society in working out general plans and in making plans for the care of many individual children.

**Sec. 447-30 Medical Definition of a Crippled Child**

447-30

The medical definition of a crippled child is a child of normal mentality (up to 21 years) who is crippled or who is suffering from a crippling defect, who because of congenital or acquired defects of development, disease, wound or accident may not have complete control of his body or limbs. Crippling defects are those of an orthopedic nature, congenital and acquired malformations of the jaw, deformities requiring plastic reconstruction and severe visual defects requiring surgical intervention.

**Sec. 447-35 Conditions Covered by Crippled Children Services Program**

447-35

The conditions which come within the scope of Crippled Children Services are not rigidly defined by law, but are a matter of administrative decision. The program provides care for a variety of orthopedic conditions (after-effects of infantile paralysis, osteomyelitis, club feet, congenital dislocation of the hips, tuberculosis of bones or joints, etc.), plastic surgery to repair and relieve contractures due to burns, hare lips, cleft palates, web fingers or toes, injuries to the face, etc., and eye surgery for a large number of conditions (cataracts, corneal ulcers, glaucoma, ptosis of the eyelid, cross eyes, etc.) In certain cases, where a malocclusion is present after plastic repair of a harelip or cleft palate, orthodontia is also included.

**Sec. 447-40 Services Rendered by Crippled Children Services**

447-40

Services rendered by Crippled Children Services include:

1. Location of all crippled children.
2. Provision of skilled diagnostic services by qualified surgeons and physicians at State clinics located in permanent centers or held periodically in other centers so as to be accessible to all parts of the State.
3. Maintenance of a State register of all crippled children in the State.
4. Selection of properly equipped hospitals, convalescent homes, and foster homes throughout the State, and provision for the care of crippled children at such hospitals and homes.
5. Provision of skilled medical, surgical, nursing, physical therapy, and social services for children in hospitals, convalescent homes, and foster homes.
6. Provision of medical, nursing, medical-social, and physical therapy services for crippled children at home who are not in need of hospitalization or who have been returned home following hospital or convalescent care.
7. Cooperation with other agencies in arranging for education and vocational training for crippled children.
8. Cooperation with professional groups, with private organizations, and with public and private agencies in providing services for crippled children.
9. Coordination of State and local services for the care of crippled children.

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**SPECIAL SERVICES**

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**III. FAMILY:**

1. A brief picture of the family. How many children are there in the family?
2. What are the parents' attitude toward care for the patient?
3. What are the parents' attitude toward the child?

**IV. ECONOMIC:**

1. Stability of income and the amount of earnings.
2. Has father been working regularly or has this job been obtained recently?
3. What portion of the cost of this child's care would the family be able to meet without depriving the other members of the family of necessities?
4. Will one operation correct the deformity or will subsequent surgery be necessary? For example, if the child needs an operation for cross eyes, the family might be able to plan to repay the necessary costs over a period of time, but if the child has a great deal of paralysis due to infantile paralysis, there may be continued expenditures for his care all his life and this fact should be kept in mind in estimating family's ability to contribute toward cost of his care.

**V. RESIDENCE:**

1. A brief statement about the length of family's residence in the State and county. Are the family settled in any one place long enough so that the child's care can be completed?

**VI. TRANSPORTATION AND COMMUNICATION:**

1. How can the family be reached in an emergency?
2. Will the family be able to bring the patient to and from the hospital?

**VII. HOUSING:**

1. A brief picture of the actual physical setting of the home. Could arrangements be made for the patient to sleep alone if this was necessary? What are the housekeeping standards? Is there an indoor toilet and bath? Is the house on a hill? Is it accessible by a good highway?

Note: These questions are asked because it might be necessary for a child to be in a cast for several months. Lack of these facilities would mean that other plans would have to be made for his convalescent care.

2. Can the family give the patient convalescent care at home? Would they follow the doctor's instructions?
3. Are there any relatives or friends near the hospital center who might furnish convalescent care for this child? Relatives with whom the mother might stay while the child is in the hospital?

**VIII. RECOMMENDATION:**

1. Should care be provided (1) by the Crippled Children Services through a certificate under the Crippled Children's Act (county participating financially) or under the Social Security Act (entire cost from Federal funds), (2) by the family, (3) by the National Foundation for Infantile Paralysis Chapter, or (4) some other agency?
2. Is the family to reimburse the county for all or part of the costs? In what amounts and over what period of time are these payments to be made?
3. Will the family be expected to handle the transportation arrangements or will the county assist?
4. Does the worker feel the family are dependable and that appointments can be sent directly to them by the Crippled Children Services, the doctor, or the hospital?
5. Worker's evaluation of the family's ability to give the child convalescent care at home or should a plan be made to place the child in a convalescent home near the hospital center?

**Sec. 447-55 Referrals to Crippled Children Services**

447-55

The names of all new cases should be reported either to:

1. The local public health nurses, or
2. Directly to Crippled Children Services, State Department of Public Health.

**Sec. 447-60 Eligibility Requirements**

447-60

Eligibility requirements are as follows:

**Age:** The upper age limit under the State Crippled Children's Act is 18 years, while under the Social Security Act the upper age limit is 21. Thus any child under 21 may receive care.

**For diagnostic clinics:** There are no eligibility requirements except that the individual shall be less than 21 years of age and have a condition which seems to come within the scope of Crippled Children Services. Children under the active care of other agencies or private physicians should obtain a release before attending the clinic.

**For treatment:** Eligibility requirements are set by the county, usually the county welfare department.

- (a) There are no residence requirements under the State Crippled Children's Act. Residence is interpreted in accordance with Sec. 52 of the Pol. C.
- (b) Financial eligibility is based on a medical-social determination, i.e., the estimated cost of care against the budget for the family's usual expenses.

**Sec. 447-65 Suggested Outline for Social History on Crippled Children Cases**

447-65

Social and emotional factors influence medical care for crippled children, e.g., parents may fear surgery because of the medical experiences of some other member of the family. Other parents may be so over-protective of a crippled child that they cannot face the idea of separation while the child is in the hospital. This may be carried to the point where they refuse consent to medical treatment. Perhaps the family's economic status delays the treatment plan.

Some agency in the community where the child lives, preferably the county welfare department, should prepare a brief social history on each crippled child accepted for care.

This history may be brief, but should contain information which will help the doctor or the hospital to know the child better and thus be better able to meet his individual needs. The following outline is suggestive only. All points may not apply in a given case.

The social history should be typed in triplicate on plain, white paper (8½" x 11"). The original and duplicate copies are sent to the Crippled Children Services, State Department of Public Health. One copy is filed in the State office and one copy is forwarded to the appropriate hospital social service department, or doctor. The third copy should be filed in the local county welfare department's record on the child.

**SUGGESTED OUTLINE FOR SOCIAL HISTORY**

Patient's name \_\_\_\_\_ Date \_\_\_\_\_  
 County \_\_\_\_\_ Worker \_\_\_\_\_

**I. MEDICAL PROBLEM:**

1. What is the diagnosis and what has been recommended in regard to treatment at the present time?
2. Is the condition urgent or can care be postponed?
3. What is the prognosis with treatment? Without treatment?
4. Please give a brief summary of any previous medical care for this condition. How was previous care provided?

**II. PATIENT:**

1. A picture of the child—his appearance, his personality.
2. How does he feel about his condition, or about the medical recommendations that were made?
3. What is his school adjustment—is he in the correct grade for his age? Does he have normal mentality? How does he get along with the other children in his class?
4. How does he get along with the other children in the family?

**447-85 Sec. 447-85 Staff and Offices of Crippled Children Services**

The staff of Crippled Children Services of the State Department of Public Health consists of the chief of the service, four medical social consultants, four orthopedic nursing consultants, and a physician in charge of the cardiac program. (Because of lack of funds the cardiac program is limited to two counties in the northern part of the State.)

The department has two offices. Questions regarding children under care should be directed to the district office serving the county in which the child lives.

The main office maintains the statewide register of crippled children in the State and the financial records on each case.

The main office located at 509 Phelan Building, 760 Market Street, San Francisco, telephone UN derhill 8700, Local 817, serves the following counties:

Alameda	Glenn	Modoc	San Francisco	Sonoma
Amador	Humboldt	Monterey	San Joaquin	Stanislaus
Butte	Kern	Napa	San Mateo	Sutter
Calaveras	Kings	Nevada	Santa Clara	Tehama
Colusa	Lake	Placer	Santa Cruz	Trinity
Contra Costa	Lassen	Plumas	Shasta	Tulare
Del Norte	Marin	Sacramento	Sierra	Tuolumne
El Dorado	Mariposa	San Benito	Siskiyou	Yolo
Fresno	Mendocino	San Diego	Solano	Yuba

The Los Angeles office located at Room 703, State Building, telephone 1271, Local 640, serves the following counties:

Alpine	Merced	San Bernardino
Imperial	Mono	San Luis Obispo
Inyo	Orange	Santa Barbara
Los Angeles	Riverside	Ventura
Madera		

**Sec. 447-75 Services County Welfare Departments May Offer to the Crippled Children Services Program**

447-75

County welfare departments may offer the following services to the Crippled Children Services Programs:

1. Preparation and maintenance of individual case records, containing a brief social history on the crippled children under care from that county in order that:
  - (a) the judge who certifies the case has some background information about the family.
  - (b) the child and his problems are individualized for the doctor and the hospital.
2. Social services to crippled children under care who have special problems. These may include such services as transportation to and from treatment centers, provision for supplementary needs such as allowances for extra diets, funds to purchase dressings, clothing, etc.
3. When crippled children's funds are budgeted in welfare department funds, that department usually has the responsibility for checking bills charged to the county under the State Crippled Childrens Act.
4. Knowledge of program and interpretation of it to the county board of supervisors, county physician, general public, etc., so that the resources of the program may be available to all the crippled children in the county.
5. Knowledge of local resources such as clubs which may provide funds for transportation, for purchase of a brace, etc.
6. Cooperation with the local public health nurses and medical agencies in order that the total needs of all crippled children are met.

## BUREAU OF VENEREAL DISEASE OF STATE DEPARTMENT OF PUBLIC HEALTH

**448-10 Sec. 448-10 Funds Allocated by Bureau of Venereal Disease of State Department of Public Health**

The Bureau of Venereal Disease of the State Department of Public Health annually disburses about \$500,000 of Federal and State funds for control of venereal disease. Eighty-five per cent of this goes to cities and counties that maintain full-time health departments. Funds are allocated to local health departments with the understanding that all persons may receive diagnosis of venereal disease without charge and free treatment if the patient is unable to afford private medical care. When eligibility for free treatment is based on a social service investigation, the treatment shall not be delayed while the investigation is being completed. Funds are allotted on the basis of population, intensity of community's venereal disease problem and the amount of funds the locality has appropriated for venereal disease control.

**448-20 Sec. 448-20 Purpose of Program of Bureau of Venereal Disease**

The funds received by the local health departments are used:

1. To promote the control of venereal diseases by assisting in the establishment, proper maintenance, and operation of venereal disease clinics in which anyone, regardless of income or residence, may receive free diagnosis and emergency treatment; and where free treatment is available for all infected persons unable to pay for private medical care. To achieve this purpose the Bureau of Venereal Disease:
  - a. Hires and assigns physicians, nurses, investigators, and other persons to local health departments, although their salaries are paid by the State.
  - b. Provides funds to assist local health departments to secure buildings and equipment necessary to the proper treatment of venereal disease, including the construction and equipment of laboratories.
  - c. Maintains neither clinics nor laboratories in its own right, but makes available diagnostic facilities of the State Department of Public Health laboratory to the local health departments that lack facilities for making serologic and other tests for venereal disease.
  - d. Provides drugs to local clinics without charge for the treatment of venereal diseases.
  - e. Through State medical officers, advisory public health nurses and a central epidemiologic registry, offers advice on local venereal disease control problems, promotes the standardization of record systems and forms, and develops the orderly accumulation of useful statistics.
  - f. Provides a central control for the task assigned to local health departments of making serological tests for syphilis on selective service registrants.
  - g. Provides an educational service offering pamphlets, posters, motion pictures and advice on program planning without charge. This service is available to local health departments, to industries, to any organized groups, and to individuals in any community.
2. To promote the control of venereal diseases not handled in public health clinics. To achieve this purpose the Bureau of Venereal Disease:
  - a. Provides drugs without charge to private physicians for the treatment of part-pay patients.
  - b. Assists private physicians in case finding and case holding where private physicians desire such assistance.
  - c. Offers consultation service to private physicians by venereal disease specialists employed by the Bureau of Venereal Disease.
  - d. Offers the education services mentioned above to any physicians, groups, or individuals requesting them, usually through a cooperative arrangement with the local health department.
  - e. Provides special materials such as pamphlets and motion pictures for the use of private physicians and medical societies. These are designed to keep physicians in private practice abreast of the latest developments in the field of venereal diseases.

## SPECIAL SERVICES

## Sec. 447-99 Forms Used in Crippled Children Services

447-99

## REVERSE OF CERTIFICATE

## CERTIFICATE

## In the Superior Court of the State of California

IN AND FOR THE<sup>(1)</sup> COUNTY OF<sup>(1)</sup> Sacramento

## IN THE MATTER OF

(1) JOHN JONES  
a needy physically defective and handicapped person

## CERTIFICATE OF JUDGE OF SUPERIOR COURT

The petition in the above entitled matter coming on this day regularly to be heard by the Judge of the above entitled Court, and testimony of witnesses in support of said petition having been heard:

The Judge now finds that all of the statements as set forth in said petition are true, and

I. That (1) JAMES AND MARTHA JONES, parents of

the physically defective or handicapped person, reside<sup>(1)</sup> in the (1) County in which the petition in the above entitled matter is filed.

II. That (1) JOHN JONES

is a physically defective or handicapped person under the age of eighteen years, to wit, of the age of (1) 10 years, and needs necessary (1) medical services

III. That the (1) parents of such child (1) are wholly unable to furnish the aid referred to in finding II.

IV. That the (1) parents can (1) not pay to the clerk of the above entitled Superior Court, (1) any sum of (1) Dollars, and that (1) payment (1) shall be mad<sup>(1)</sup>.

V. That the name (1) and address (1) of petitioner (1) follow:

JAMES JONES → 1510 X. St. → Sacramento

MARTHA JONES → 1510 X. St. → Sacramento

VI. That the address of such physically defective and handicapped person is the same

It is further ordered that a copy of this certificate be delivered forthwith to the clerk of the above entitled Superior Court, and that any money herein ordered paid to such clerk, be, after receipt by such clerk, forthwith delivered by him to the Treasurer of the above entitled (1) County, to be credited by the latter to the general county fund.

Done this 3rd day of September 1942

J. M. White  
Judge of the Superior Court

- (1) If in San Francisco, add "City and".  
(2) Fill in name of County.  
(3) Name of child.  
(4) Name of parents or guardians.  
(5) Name or names of petitioner or petitioners.  
(6) "He is", "she is", "they are", "we are", as the case may be.  
(7) Fill in age of child.  
(8) Name of physically defective or handicapped person or petitioner or guardian, as required.  
(9) Date of signing.  
(10) Signature or signatures of petitioner or petitioners.

(11) If payment can be made, write in "the amount", or "in amount of such payment".  
(12) If payment can not be made, write in "no amount".  
(13) If judge is of the opinion that a payment of some kind can be made, fill in amount of such payment.  
(14) If payment can be made, write in "forwards" or "in payments in the amount of \_\_\_\_\_ on \_\_\_\_\_ day of each week hereinafter until paid", or "in payments in the amount of \_\_\_\_\_ on the \_\_\_\_\_ day of each month hereinafter until paid", as the case may be. If no payment is to be made, write in "no said clerk".

In and for the (1) _____ county of (1) _____	Name _____
IN THE MATTER OF	Address _____
PETITION FOR CERTIFICATE OF SUPERIOR COURT	
Under Sec. 29796, and following, Political Code, Chapter 79, Sections of California, 1937 Amended January 1, 1939	

## PETITION FOR CERTIFICATE

## REVERSE OF PETITION

No. \_\_\_\_\_

## In the Superior Court of the State of California

In and for the (1) \_\_\_\_\_ county of (1) \_\_\_\_\_

## IN THE MATTER OF

(1) physically defective and handicapped person

PETITION FOR  
CERTIFICATE OF  
SUPERIOR COURTUnder Sec. 29796, and following, Political Code,  
Chapter 79, Sections of California, 1937  
Amended January 1, 1939

## In the Superior Court of the State of California

IN AND FOR THE<sup>(1)</sup> COUNTY OF<sup>(1)</sup> Sacramento

## IN THE MATTER OF

(1) JOHN JONES  
a physically defective and handicapped person

## Petition for Certificate of Superior Court

Under Sec. 29796 and following, Political Code, Chapter 79, Statutes of California, 1937

Amended 1939

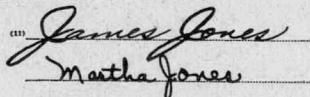
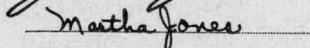
To the Honorable Above Entitled Superior Court of the State of California

Your petitioner (1) (2) JAMES AND MARTHA JONES respectfully state (1)  
that (1) they are (1) the parents of the above named physically defective and handicapped person, and that said person is a physically defective and handicapped person of the age of (1) 10 years and your petitioner (1) further state (1) that (1) they are resident (1) of the above named county of the State of California, and have (1) been such resident (1) of said county for a period of more than (1) one years last past, and that physically defective and handicapped person is now a resident of the State of California.

Your petitioner (1) further state (1) that (1) he (1) are unable in whole or in part to furnish for the said physically defective and handicapped person the necessary surgical, medical, hospital, physiotherapy, occupational therapy and other service, special treatment, materials, appliances and their upkeep, maintenance, care and transportation in connection with the treatment which the said physically defective and handicapped person is in need of.

Your petitioner (1) further respectfully ask (1) that after the hearing of evidence in support of this petition the court issue its certificate showing that the facts as herein alleged by your petitioner (1) are true.

Dated this (1) 2nd day of September 1942

- (1) If in San Francisco, add "City and".  
(2) Fill in name of County.  
(3) Name of child.  
(4) Name of parents or guardians.  
(5) Name or names of petitioner or petitioners.  
(6) "He is", "she is", "they are", "we are", as the case may be.  
(7) Fill in age of child.  
(8) Name of physically defective or handicapped person or petitioner or guardian, as required.  
(9) Date of signing.  
(10) Signature or signatures of petitioner or petitioners.

**449-20 Sec. 449-20 Eligibility for Prenatal Clinics, Child Health Conferences, and Dental Clinics**

The prenatal clinics are for medical supervision of pregnant women to whom this care is not otherwise readily available. Pregnant women who are not receiving routine supervision by a private physician are eligible for registration at prenatal clinics. Patients who have already visited a private physician may be seen upon their first visit to the clinic. The private physician is then consulted to ascertain whether he plans to give the patient prenatal supervision or wishes her to receive it at the clinic.

Child health conferences are for the health supervision of infants and pre-school children. Such conferences are not intended for therapy. Children with apparent infection or acute illness are not admitted, since there is danger of exposing well children to the illness. Conditions needing medical or surgical treatment are referred to local physicians or clinics.

Registration at the child health conference is not restricted to the medically needy or low income groups as the conferences are essentially for health education. Families who are able to pay for adequate health supervision may not be able to obtain it, if private physicians are too busy to give this service. Frequently parents must be educated to the advantages of health supervision for a well child before they will seek it from private physicians, who are interested in, and able to provide this service.

Dental clinics provided through State Maternal and Child Health Bureau funds are primarily for prenatal patients and pre-school children. Close cooperation is maintained between the dental clinics and prenatal and child health conferences. Patients are referred from one service to the other as need arises.

Private physicians, public health nurses, social workers, relief agencies, and other interested individuals or agencies may refer patients to the conferences or clinics.

**449-25 Sec. 449-25 Distribution of Literature, Films, and Other Information**

Educational literature related to the health needs, including nutrition, of mothers and children are available from the State and local health departments.

Films, radio scripts, and similar educational material may be obtained on request from the Bureau of Maternal and Child Health of the State Department of Public Health, 760 Market Street, San Francisco, California.

For information about health services available in any community, inquiry should be made of the local health officer.

**449-30 Sec. 449-30 Inspection and Licensing of Maternity Hospitals and Homes**

The function of inspection and licensing of maternity hospitals and homes, delegated by Law to the State Board of Public Health, is carried out through the staff of the Bureau of Maternal and Child Health. Every maternity hospital and home must be licensed. They must fulfill and maintain standards set up by the State Board of Public Health as a basis for licensing. An educational approach is used in carrying out inspections, and every effort is made to stimulate the constant improvement of hospital facilities and standards of care in the institutions caring for obstetric patients and newborn infants.

**449-35 Sec. 449-35 Maternity Services for Wives of Enlisted Men**

In order to make a beginning toward meeting a war-created problem, maternity medical and hospital care for wives of enlisted men and non-commissioned officers, and their infants under the age of one year, is being planned in certain limited areas. Funds available do not permit expansion of these services at this time.

**BUREAU OF MATERNAL AND CHILD HEALTH OF STATE DEPARTMENT  
OF PUBLIC HEALTH**

**Sec. 449-00 Purpose of the Bureau of Maternal and Child Health**

449-00

The State Department of Public Health, through the Bureau of Maternal and Child Health, has responsibility for assisting local areas in developing services to promote the health of mothers and children. To carry out this function, a number of interrelated activities are carried on by the bureau. Roughly, these may be grouped as follows:

1. Consultation services.
2. Assist local health departments in the establishment of prenatal clinics, child health conferences, and dental clinics. Where there are no full-time health departments, the bureau cooperates with voluntary groups in the establishment of these services.
3. Distribution of educational literature, films, and other information.
4. Inspection and licensing of maternity homes and hospitals.

Further details regarding these services are contained in the following sections.

**Sec. 449-05 Consultation Services of the Bureau of Maternal and Child Health**

449-05

Consultation services in the fields of preventive pediatrics, obstetrics, dentistry, nutrition, nursing and health education are available to all local health departments in the State and to other official and voluntary agencies at State and local levels which are concerned with the problems of mothers and children. The services are rendered by the bureau staff of physicians, nurses, dentists, nutritionists, and the health educator. The consultation services are designed to interpret the health needs of mothers and children and to assist local and State agencies in developing programs which directly or indirectly touch upon these health needs. For example, the bureau assisted the SDSW in setting up health standards for day care of children in foster homes.

**Sec. 449-10 Prenatal Clinics, Child Health Conferences, and Dental Clinics of  
the Bureau of Maternal and Child Health**

449-10

The Bureau of Maternal and Child Health assists local areas in establishing conferences for the health supervision, health and education of expectant mothers and young children. These conferences are established as part of the local public health program and administration.

The county health officer in the full-time health department is responsible for the local administration of the prenatal and child health conferences and dental clinics, as he is for other public health activities in his county. The general administration of the program is carried by the bureau. A local physician, public health nurse, volunteer assistants, and in some areas a part-time nutritionist, render services to mothers and children in these conferences and clinics.

**Sec. 449-15 Services Rendered by the Prenatal Clinics, Child Health Conferences and Dental Clinics** 449-15

In the prenatal clinics, prenatal patients are examined, kept under medical supervision, and instructed in hygiene of pregnancy.

In the child health conferences, infants and pre-school children are examined and their mothers instructed in child care in order to promote optimal physical and emotional growth and development. An attempt is made to detect defects early, and to make recommendations for correction. With few exceptions, diphtheria immunization, smallpox vaccination, and in many cases, pertussis immunization are offered at the conference.

Dental services offered by the dental clinics are an integral part of the maternal and child-health program. Repairs and corrections are made, but the major emphasis of the program is educational and is directed toward improving dental hygiene and reducing occurrence of defects.

Local dentists staff the clinics. The dentist's own office is the clinic center. State staff dentists and dental hygienists assist from time to time in examination and augment the educational aspects of the program.

**455-10 Sec. 455-10 Beneficiaries Under OASI**

Under the provisions of the amended Social Security Act, monthly OASI benefits became payable in 1940 and thereafter to:

1. Qualified wage earners at age of 65 or over;
2. Members of the wage earner's family as follows:
  - a. Wives who are 65 or over;
  - b. Children who are under 16, or under 18 if still in school and unmarried;
3. Surviving dependents of deceased wage earners as follows:
  - a. Widows who are 65 or over;
  - b. Widows of any age who have in their care children (of the deceased wage earner) under 16, or under 18 if still in school;
  - c. Children who are under 16 and unmarried or under 18 if still in school and unmarried;
  - d. Parents who are 65 or over and who were wholly dependent upon and supported by the wage earner (if there is no widow or unmarried child under 18 surviving).

**455-20 Sec. 455-20 Eligibility Qualifications for Old Age Insurance Benefits**

A worker is qualified for old-age insurance benefits when he is 65 years old or over, provided he has been paid on jobs that are covered by the law a certain amount of pay during certain periods of time. That is:

1. He must have worked on a job or jobs in a factory, shop, mine, mill, store, office, or other place of business or industry, including banks, building-and-loan associations, and American ships. Those are jobs covered by the law. (Not covered by the law are, in general, jobs in agriculture, domestic service, Federal, State, or local government service, and religious, charitable, or certain other non-profit organizations.)
2. He must be 65 years old or over and no longer working. He is not considered to be "working" if he earns less than \$15 a month on a job covered by the law or if he has a job that does not come under the law.
3. He must have been paid, on jobs covered by the law, at least \$50 in each of a certain number of calendar quarters, i.e., in three months beginning the first of January, April, July, or October of any year. Quarters in which he is paid \$50 or more are called "quarters of coverage." They count when earned after age 65 as well as before.

To qualify for monthly old-age insurance benefits or to be "fully insured," worker must have had not less than one quarter of coverage for each two quarters between January 1, 1937, and the quarter in which he is 65. If he became 21 after January 1, 1937, he starts counting with the quarter after his 21st birthday. In any case he must have had at least six quarters of coverage. When he has 40 quarters of coverage, he is qualified as long as he lives.

Even though a worker may not be fully insured, benefits may be payable at his death to his children and to his widow, no matter what her age, if she is caring for the children and the children are under 16 or under 18 and still in school. This is possible when the worker has had six quarters of coverage, provided these quarters came in the three years before his death. In such case the worker is considered to be "currently insured."

## BUREAU OF TUBERCULOSIS OF STATE DEPARTMENT OF PUBLIC HEALTH

**Sec. 451-00 Services Offered by the Bureau of Tuberculosis of the State Department of Public Health 451-00**

When the county owns and operates a tuberculosis institution which maintains certain minimal standards, the State through the Bureau of Tuberculosis of the State Department of Public Health, subsidizes that institution to the extent of \$3 a week per patient. The institution may be either an independent tuberculosis sanatorium or an adequately operated unit of a general hospital. The bureau likewise aids in planning additional institutions when needed.

The Bureau of Tuberculosis serves as a consultant to the superintendents and medical directors of tuberculosis institutions in their administrative and medical problems. Consultant services are also given to institutions that are not under subsidy and to certain State institutions. County and city officials may request the assistance of the bureau in meeting tuberculosis problems.

Functioning as a liaison office, the bureau correlates the work of governmental and voluntary health agencies in order to decrease over-lapping services and increase the efficiency of the total anti-tuberculosis effort. It acts as a clearinghouse for information regarding patients who migrate from one county to another or from outside the State into California..

Speakers may be secured from the bureau, and literature about tuberculosis is distributed to counties upon their request.

## OLD AGE AND SURVIVORS INSURANCE BENEFITS

**Sec. 455-00 Old Age and Survivors Insurance Benefits, General**

455-00

OASI is a contributory system of social insurance which provides monthly old-age benefits for wage earners in business and industry and for their families. The wage earners and their employers contribute equally to the OASI Trust Fund in the U. S. Treasury out of which benefits are paid.

The contributions are a percentage of the worker's wage. One per cent is paid by the worker and one per cent paid by the employer. This money is collected by the U. S. Bureau of Internal Revenue in the form of social security taxes. Employers deduct each worker's tax from his pay and turn it in quarterly with an equal amount of their own, together with a report which shows the worker's wage, as well as his tax.

The worker's wages as reported by his employer with his taxes are credited to his "social security account," which is maintained by the Bureau of OASI of the FSSB. His "social security account" is given a number, and the wage report which the employer makes for the worker is identified by the same number. This assures that the wages are credited to the correct account.

The insured worker has a social security account number card issued by the Bureau of OASI. The number on that card, together with his name, is the key to his identification when he files his claim. When a claim is filed, the wages credited to that worker's account are used to compute the amount of his benefits.

The amount of the benefits is related to the wages earned by the worker and to the tax he has paid while working in jobs covered by the law. Benefits are weighted, however, in favor of three groups, namely: the worker now elderly, the low-paid worker, and the worker with dependents.

Benefits are paid regardless of need. They come to the worker or his family as a matter of right because of his earnings in covered employment.

**455-40 Sec. 455-40 Effect of Earnings on Monthly Benefit Payments of Old Age and Survivors Insurance**

Benefits are not payable for any month in which the person earns \$15 or more on jobs covered by the law. The wife's or child's benefits are not payable if the husband or father is working at a regular covered job which pays him \$15 or more a month.

Two months' benefit checks are withheld for each month in which the beneficiary earned more than \$14.99 and failed to report that fact. This applies to both primary and secondary benefits when the earner is the recipient of primary benefits. When the person who earns more than \$14.99 is a recipient of secondary benefits, the penalty for failure to report earnings applies only to recipients of secondary benefits.

**455-50 Sec. 455-50 Referral to County Welfare Department by Old Age and Survivors Insurance Bureau**

When OASI benefits are withheld, the field office of the Bureau of OASI refers the beneficiary concerned to the county welfare department if he is receiving or may be eligible for OAS, ANB, APSB, or ANC. The county may request that such referrals be made by letter. The application for aid or request for adjustment of aid shall be considered in the usual manner.

**455-60 Sec. 455-60 Lump Sum Death Payments of Old Age and Survivors Insurance**

If the worker died after January 1, 1940, leaving no dependents who at the time of his death were entitled to monthly benefits, a lump-sum benefit is paid to other persons specified in the law as follows:

1. To the widow who is not entitled to monthly benefits or to the widower;
2. If there is no widow or widower, then to any child or children regardless of age;
3. If there is no widow, widower, or child, then to the parents;
4. If there is no such relative, then to the person or persons who pay burial expenses.

The total amount of the lump-sum payment to surviving relatives mentioned above is six times the primary benefit earned by the worker up to the date of his death.

If there is no such named relative, the person or persons who paid the burial expenses may be repaid for the actual cost up to six times the primary benefit.

**455-70 Sec. 455-70 Filing a Claim for Old Age and Survivors Insurance**

A prospective beneficiary must file a claim for benefits, in addition to meeting the other qualifying requirements, in order to become entitled to benefits.

To assist workers in filing applications for account numbers and claims for benefits the FSSB has established field offices throughout the U. S. In towns and communities where there is no such office the Post Office furnishes the address of the nearest one.

To file a claim the worker or any other beneficiary should go or write to the nearest FSSB office. There they receive all the help needed in making out the necessary papers. It is not necessary to pay an attorney or any legal adviser to help in obtaining benefits. After the application forms and essential proofs are completed the claim is forwarded to Washington for adjudication.

When the claim has been adjudicated and the amount of the benefit determined, the applicant is advised when he may expect the first payment. When claims have been certified by the FSSB, the treasury sends the checks directly to the claimant by mail. They are sent at the end of each month to cover that month's benefits.

A claimant who is dissatisfied with a decision of the FSSB may obtain review by a referee. If still not satisfied, he may ask for review by the Appeals Council which has been set up by the FSSB. He may also take his case to the federal courts.

Other information about OASI may be secured at the nearest FSSB office.

**Sec. 455-30 Monthly Benefit Payments Under Old Age and Survivors Insurance**

455-30.

The worker receives a "primary insurance benefit." It is paid monthly, and the amount of the payment depends upon the amount of the worker's average monthly wage, up to \$250 a month.

If the worker has a wife over 65 or children under 16, or 18 if attending school, they receive monthly payments in addition to his. Each of these additional payments is equal to half as much as the worker's "primary benefit," subject to certain limitations on the total amount.

When the husband dies "fully insured," i.e., having the necessary quarters of coverage, his widow, if over 65, receives a widow's benefit equal to three-fourths of his benefit. If she is not 65 at the time of his death, she becomes eligible when she reaches 65.

If a wife or a widow has worked on a job covered by the law and can qualify at 65 for benefits of her own which are greater than what she would receive on account of her husband's earnings, she will get the larger amount.

If the worker dies fully or currently insured, leaving a widow under 65 years of age with one or more young children in her care, the widow would receive her three-fourths of the husband's primary benefit until the youngest child is 16, or 18 if still in school, and each child up to that age would receive half the father's primary benefit. The law fixes a maximum family payment of twice the amount of the wage earner's benefit, or 80 per cent of his average monthly wage, or \$85 whichever is the least. The minimum benefit that may be paid is \$10 a month.

If the worker dies "fully insured" leaving no widow or unmarried child under 18, an aged dependent parent of the worker may receive a benefit of half the worker's primary benefit.

Benefits are payable monthly for life after age 65 or any later date at which a worker retires. If paid to his wife or widow at 65 or to his dependent parents, the payments continue as long as those beneficiaries live. If paid to a younger widow with young children, the children's benefits continue until they reach age 16, or 18 if still in school, until they marry. The widow continues to receive her benefits as long as any of the children are eligible.

**Example A:** A retired wage earner is getting a primary benefit of \$30 a month. His wife, who is also 65, receives an additional \$15, making \$45 a month for the two as long as they both live. If the husband dies, his widow receives \$22.50 (three-fourths of his primary benefit of \$30) for the rest of her life, if she does not remarry, since she is already 65.

**Example B:** A retired worker is getting \$30 a month. His wife is only 45 so she cannot receive a benefit. He has two children under 18, each of whom is entitled to one-half the primary benefit. This gives the family \$60 a month. The children's benefits stop as each of them reaches 18. When the wife is 65 she receives a benefit—one-half of \$30 if her husband is still living; three-fourths as his widow.

**Example C:** A qualified worker dies leaving a widow and two young children. If his primary benefit is \$30, the widow receives her three-fourths, \$22.50 per month, until the youngest child is 18 if he is unmarried. Each child receives one-half—\$15 each. This makes a total of \$52.50 a month for the family. If there were three or more children, this family would receive \$60 a month because that is twice the worker's primary benefit.

**Example D:** An unmarried woman who is supporting her aged parents dies. If her primary benefit would have been \$30, each of them gets \$15, since they are both past 65.

**460-15 Sec. 460-15 The Serviceman's and Federal Government's Contribution**

Each allowance is made up from money deducted from the serviceman's pay and money contributed by the Federal Government. For each month for which an allowance is paid to the dependents of a serviceman, \$22 is deducted from his pay whether the dependents are in Class A or Class B. When an allowance is paid to dependents in both Class A and Class B, \$27 is deducted from his pay. (The above amounts are the normal situation. If by legal agreement or court order, the serviceman is obligated to pay alimony or support which is a lesser amount than the total allowance the monthly deductions from his pay and the Government's contribution are reduced proportionately.)

**Example:** If a soldier obtains an allowance for his wife and children, he will have \$22 deducted from his pay each month, because these dependents are in Class A. If, however, he also obtains an allowance for a dependent parent, brother, sister, or grandchild, he will have an additional \$5 or \$27 in all, deducted from his pay each month.

In addition to the serviceman's contribution, the Federal Government contributes the following amounts to Class A dependents:

1. \$28—to a wife with no child.
2. \$40—to a wife with one child, and an additional \$10 for each additional child.
3. \$20—to one child where there is no wife.
4. \$30—to two children where there is no wife and an additional \$10 for each additional child.
5. Up to \$20—to a former wife divorced (if alimony is being paid by court decree).

In addition to the serviceman's contribution, the Federal Government contributes the following amounts to Class B dependents:

1. \$15—to one parent, if one only, and an additional \$5 for each brother, sister, or grandchild (the whole not to total more than \$50).
2. \$25—to two parents and an additional \$5 for each additional brother, sister, or grandchild (the whole not to total more than \$50).
3. \$5—to each brother, sister, or grandchild, if there are no parents (the whole not to total more than \$50).

No more than two "parents" may receive family allowance and no Federal Government contribution to Class B dependents may exceed \$50.

The serviceman's contribution to the allowance is divided among dependents in the same way and in the same proportion as the Federal Government's contribution.

## FAMILY ALLOWANCES FOR DEPENDENTS OF SERVICEMEN

**Sec. 460-05 Ranks Covered by Servicemen's Dependents Allowance Act of 1942**

460-05

This Act provides family allowances for the dependents of servicemen of the Army, Navy, Marine Corps, and the Coast Guard of the U. S. The four pay grades affected by the Act include all enlisted men below the grade of Staff Sergeant in the Army and Marine Corps, and all below Petty Officer Second Class, Cook and Steward Second Class, and Musician Second Class of the Navy and Coast Guard.

In the Army, these grades are Private, Private First Class, Corporal, Technician Fifth Class, Sergeant and Technician Fourth Class.

In the Navy these grades are Apprentice Seaman First and Second Class, Third Class Petty Officer, Hospital Apprentice First and Second Class, Musician Second Class (but not Second Class Musician), Specialist Third Class, Bugler First and Second Class, Officer's Cook Third Class, Mess Attendant First, Second, and Third Class.

In the Coast Guard these grades are Apprentice Seaman First and Second Class, Petty Officer Third Class, Fireman's Mate First, Second, and Third Class, Mess Attendant First, Second, and Third Class; i.e., all men with third class rating and all non-rated men.

In the Marine Corps these grades are the same as in the Army.

**Sec. 460-10 Dependents Eligible Under Servicemen's Dependents Allowance Act**

460-10

The wife, children, or other member of the serviceman's family dependent on him for a substantial part of their support are eligible for an allowance. These dependents are divided into two classes, A and B. Class A consists of the wife, children, and under certain conditions a divorced wife of the serviceman. Class B consists of the parents, brothers, sisters, and grandchildren of the serviceman. More detailed definitions follow:

Class A includes:

1. Wife—A lawful wife
2. Child—
  - a. A legitimate child;
  - b. A child legally adopted;
  - c. A step-child, if a member of the man's household, including a step-child who continues as a member of the man's household after the death of the mother or termination of the marriage; and
  - d. An illegitimate child, but only if the man has been judicially ordered or decreed to contribute to such child's support; has been judicially decreed to be the putative father of such child; or, has acknowledged under oath in writing, that he is the father of such child.
3. Former Wife Divorced—Former wife divorced who has not remarried, to whom alimony has been decreed by court and is still payable.

Class B includes:

1. Parent—Father and mother, grandfather and grandmother, step-father and step-mother, father and mother through adoption, either of the person in the service or of the spouse, and persons who, for a period of not less than one year prior to the man's enlistment or induction, stood in place of parents (*in loco parentis*).
2. Brother and Sister—Brothers and sisters of the half-blood as well as those of the whole-blood, step-brothers and step-sisters, and brothers and sisters through adoption.
3. Grandchild—A child as above defined of a child as above defined, and is limited to persons to whom the serviceman has stood in place of parents (*in loco parentis*).

The term "child," "grandchild," "brother," and "sister" are limited to unmarried persons either (1) under 18 years of age, or (2) of any age, if incapable of self-support by reason of mental or physical defect.

**460-25 Sec. 460-25 Filing an Application for Serviceman's Dependents Allowance**

Applications for allowances to Class A dependents should be made by the serviceman whenever possible in order to avoid duplication. Before making an application a dependent should write to the serviceman to make sure that duplicate applications will not be made.

Allowances for Class A dependents are paid only on application by the serviceman or his dependents or by persons acting on behalf of the dependents.

Application for allowances to Class B dependents must be made by the enlisted man himself, unless it is impracticable or impossible for him to do so (due to capture by the enemy, service at an inaccessible post, etc.) in which case the dependents or someone on their behalf may be permitted to apply.

Application shall be submitted on the four page official application form. Servicemen obtain the forms through their commanding officers; civilians obtain them by writing the "Commanding Officer" of the nearest army post or camp, the nearest recruiting station, or to the "Commanding General" of any of the nine Corps Areas. The address of the Ninth Corps Area, of which California is a part, is Fort Douglas, Utah.

When an application is made by or for a dependent, the original copy and the official copy, plus all documentary evidence required, are mailed to the appropriate office. (See Sec. 460-35, Offices of Army, Navy, Marine Corps, and Coast Guard, Administering Servicemen's Dependent's Allowance Act.) The applicant's copy is retained by the applicant.

In filling out the application a typewriter should be used if possible. If not, the applicant should print legibly in ink. Every question shall be answered. If a certain question is not applicable, the word "None" should be written after the question. The form contains detailed instructions for answering each question which should be carefully followed.

**460-30 Sec. 460-30 Documentary Proof to Accompany Application for Serviceman's Dependents Allowance**

If application is made by a person other than the serviceman, the following documentary proof shall accompany the application. If application is made by the serviceman, he may have up to six months from the date of filing the application in which to furnish such documentary proof.

1. Date of birth of minor dependents who are under 18 years of age.
  - A. A certified copy of the public record of birth or church record of baptism.
  - B. If A cannot be produced, an explanation and an affidavit from the physician or midwife in attendance at birth.
  - C. If A or B cannot be produced, then the affidavits of two or more disinterested persons, stating their ages, and the name, date and place of birth of the person whose birth or age is being established; and stating that from their own knowledge such person is the child of such parents, naming the parents.
  - D. For documentary evidence regarding illegitimate children see Sec. 460-10, Dependents Eligible Under Servicemen's Dependents Allowance Act.
2. Proof of marriage to serviceman.
  - A. A duly certified copy of the public or church record.
  - B. If A cannot be produced, an explanation and an affidavit of the clergyman or magistrate who officiated.
  - C. If B cannot be procured, a certified copy of the original marriage certificate accompanied by proof of its genuineness and the authority of the person to perform the marriage.
  - D. If A, B, or C cannot be procured, then the affidavit of two or more eyewitnesses to the ceremony.
  - E. In jurisdictions where common-law marriages are recognized proof may be made by affidavit of one or both parties to the marriage, if living, supplemented by affidavits of two or more witnesses who know that the parties lived together as husband and wife and were so recognized, and stating how long to their knowledge such relationship continued, etc.

**Sec. 460-20 Amount of Allowances Payable to Servicemen's Dependents**

460-20

A list of typical dependents and the total amount of the monthly allowance when eligibility has been established follows. Many other combinations of dependents are possible, and authorization is made for allowances when eligibility has been established.

Wife but no child	\$50
Wife and 1 child	62
Wife and 2 children	72
Wife and 3 children	82
Wife and 4 children	92
Wife and 5 children	102
No wife but 1 child	42
No wife but 2 children	52
No wife but 3 children	62
No wife but 4 children	72
No wife but 5 children	82
Divorced wife	up to 42

(The allowance payable to divorced wives depends on the amount of the alimony and the number of other dependents of the serviceman. Questions on specific cases should be referred directly to the appropriate office. See Sec. 460-35, Offices of Army, Navy, Marine Corps, and Coast Guard, Administering Servicemen's Dependence Allowance Act.)

1 Parent	\$37
1 Parent and 1 sister, brother, or grandchild	42
1 Parent and 2 sisters, brothers, or grandchildren	47
1 Parent and 3 sisters, brothers, or grandchildren	52
1 Parent and 4 sisters, brothers, or grandchildren	57
1 Parent and 6 sisters, brothers, or grandchildren	67
2 Parents	47
2 Parents and 4 sisters, brothers, or grandchildren	67
2 Parents and 5 sisters, brothers, or grandchildren	72
No parent but 1 sister, brother, or grandchild	27
No parent but 2 sisters, brothers or grandchildren	32
No parent but 3 sisters, brothers, or grandchildren	37
No parent but 4 sisters, brothers, or grandchildren	42
No parent but 5 sisters, brothers, or grandchildren	47
Wife but no child, and 1 parent	70
Wife, 1 child, and 1 parent	82
Wife, 2 children, and 1 parent	92
Wife, 3 children, and 1 parent	102
Wife, 4 children, and 1 parent	112

**460-42 Sec. 460-42 Method of Payment**

Payments are made by Government check mailed once each month. Payments of the monthly allowance on behalf of any dependent or dependents found entitled thereto are made to such dependent or dependents or to any person designated by the serviceman or determined by the Secretary of War or Navy to be a proper person to whom such payments should be made. For example, the allowance for a wife and children may be included in one check to the wife, or the allowance to a dependent father and a dependent brother may be in two checks, one sent to the father and one sent to the brother.

Payments made to dependents may not be assigned to any other person. Payments are exempt from tax, levy or claims of creditors, and no part may be paid to or received by an agent or attorney for helping with the claim.

**460-45 Sec. 460-45 Allotments of Missing Men**

Allotments made by servicemen may continue for one year if the man is missing in action, interned, or captured. Where the man had made no allotment, or had made one that is insufficient for reasonable support of dependents or for payment of insurance premiums, the department concerned may set up an allotment or may increase the amount indicated by the serviceman.

**460-50 Sec. 460-50 Termination of Allowances**

Allowances will be terminated whenever the serviceman or his dependents cease to be eligible for them. For example, payments of allowance will terminate at the end of the month in which notice is received of:

1. The serviceman's death in, or discharge from, the service or his appointment to a higher grade which is ineligible under the Act.
2. The death of a wife or other beneficiary, or the marriage or attainment of the 18th year of age by any child not physically or mentally incapable of self-support.
3. The cessation of dependency of any Class B dependent.
4. The serviceman's request that the payment of monthly allowance to any Class B dependent be terminated. (A serviceman cannot stop the payment of an allowance to Class A dependents as long as they remain eligible for it.)

Payment of monthly allowance will terminate at the end of the month in which notice is received of the serviceman's conviction of desertion, or after the serviceman has been absent in desertion for three months, whichever occurs first. If he is later restored to duty such allowances may be reinstated as of the first of the month next succeeding that in which such restoration occurs.

**460-55 Sec. 460-55 Effect of Allotments Under This Act on Other Allotments**

If Class E and other allotments are of such size that the prescribed deduction of \$22 or \$27 per month cannot be made from the serviceman's pay and leave him at least \$10 per month for his personal use, exclusive of possible court martial forfeitures, it is necessary for the serviceman or his organization commander to either discontinue or adjust existing allotments.

3. Adoption of minor under 18 by the serviceman or previous adoption of the serviceman by a foster parent.  
A certificate from the clerk of the court which legalized the adoption or a certified copy of order of adoption from a court of competent jurisdiction.
4. Change of name of a dependent of the serviceman.  
A certified copy of the decree of the court or other court record affecting such change of name.
5. Divorce of former wife of the serviceman; separation or maintenance concerning wife, former wife, or children.
  - A. A certified copy of the divorce decree from the court in which such decree was awarded.
  - B. Separation or maintenance agreement concerning wife, former wife, or children to which must be appended an affidavit that the same is a true copy in all respects and is still in full force and effect.
6. Guardianship of a dependent of the serviceman.  
Certified copy of court decree.
7. Relationship and dependency of Class B dependents.  
Proof of status by affidavit (of two reputable disinterested persons attesting to the relationship and dependency) is required. If any of the above subjects under Item 1 through 6 are involved, the proof for that subject by submission of the appropriate documents listed for that subject must be furnished. (Class A dependents do not have to prove dependency.)

**Sec. 460-35 Offices of Army, Navy, Marine Corps, and Coast Guard  
Administering Servicemen's Dependents Allowance Act**

460-35

Applications made by civilian dependents of servicemen should be sent to the appropriate office according to the branch of the armed service in which the man is serving. Questions on specific cases should be referred to the appropriate office which will also supply additional general information upon request. These offices are as follows:

- |                 |   |
|-----------------|---|
| 1. Army         | Allowance and Allotment Branch<br>Building "Y," 20th and "B" Streets N.E.<br>Washington, D. C.      |
| 2. Navy         | Family Allowance Section<br>Bureau of Supplies and Accounts<br>Navy Department<br>Washington, D. C. |
| 3. Marine Corps | Headquarters, Marine Corps<br>Washington, D. C.   |
| 4. Coast Guard  | Headquarters, Coast Guard<br>Washington, D. C.  |

**Sec. 460-40 Date of Payment of Servicemen's Dependents Allowance**

460-40

Applications made until December 23, 1942, by servicemen who were in the service on June 1, 1942, and who had eligible dependents on that date may be retroactive to June 1, 1942.

When an application is approved, the allowance begins to accrue on the first of the next succeeding month following the date of application. Payment is made following the end of the month; e.g., an application is made by a serviceman on December 23. The deduction from his pay starts in January and the allowance is paid immediately following the end of January.

The date of application is the date on which the serviceman's application is filed with his Commanding Officer. The "date of application" for applications submitted by civilian sources is the date on which the application is received by the appropriate office. (See Sec. 460-35, Offices of Army, Navy, Marine Corps, and Coast Guard Administering Servicemen's Dependents Allowance Act.)

**460-92 Sec. 460-92 Pension—Present War, for Servicemen**

Pension is payable for disability or death due to injury or illness occurring in active service since the beginning of World War II (on or after December 7, 1941). Discharge from service must have been under honorable conditions and disability incurred "in line of duty" and not due to the claimant's own willful misconduct. Rates for disability pension range from \$10 for 10 per cent disability to \$100 for total disability. There are also special rates for anatomical loss or loss of use of feet, hands, or eyes.

Widows, children, and dependent parents of persons who die in service or who die later as a result of disabilities incurred in line of duty may receive pension. Remarriage ends all further rights of a widow (but not those of her children). Children's pension stops at age 18 except: (1) if they become permanently incapable of self-support before that age; (2) payments may continue to age 21 if the child is continuing an education.

Rates of death pension range from \$30 to \$45 for widow (according to age) with additional amounts for children (from \$8 to \$15 according to age).

Dependent parents' amounts vary according to whether or not insurance benefits are being received. The maximum is \$45 for one, or \$25 each; minimum amounts are \$20 for one or \$15 for each. The lower amounts are paid where these plus the insurance payments being received equal or exceed the maximum rates.

**460-95 Sec. 460-95 National Service Life Insurance for Servicemen**

On entry into active service in the Army, Navy, Marine Corps, or Coast Guard, each person may purchase National Service Life Insurance in any multiple of \$500 but not less than \$1,000 or more than \$10,000 as follows:

- A. Without medical examination, provided application is made within 120 days after entrance into active service.
- B. At any time after 120 days and while in active service, on submission of medical examination showing him to be in good health.

Information concerning insurance is confidential; neither the amount of a certificate nor the name of the beneficiary will be divulged while insured is living. The Veterans Administration receives official notice of all deaths in service and sends to the beneficiary the form on which to apply for insurance benefits.

**460-98 Sec. 460-98 Automatic Insurance for Servicemen**

The National Service Life Insurance Act provides insurance in the aggregate amount of \$5,000 for persons who die or become totally disabled in active service and in line of duty on or after October 8, 1940, and on or before April 19, 1942, without having applied for Government insurance in the aggregate amount of \$5,000.

**460-99 Sec. 460-99 Services of the American Red Cross**

It is the primary responsibility of the American Red Cross to assist servicemen and ex-service-men and their families in meeting those needs which arise from the man's service in the armed forces and to assist them in obtaining the benefits to which they are entitled. Further information in regard to the benefits described in the preceding sections may be obtained from the American Red Cross.

**Sec. 460-60 Penalties for Fraud Under the Servicemen's Dependents Allowance Act of 1942**

460-60

Whoever shall obtain or receive any money, check, or allowance . . . without being entitled thereto and with intent to defraud, shall be punished by a fine of not more than \$2,000, or by imprisonment for not more than one year, or both.

Whoever in any claim for family allowance or in any document required . . . makes any statement of a material fact, knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than \$5,000, or by imprisonment for not more than two years, or both.

Any person who has been entitled to payment of a family allowance . . . and whose entitlement to payment of such allowance has ceased shall, if he thereafter accepts payment of such allowance with intent to defraud, be punished by a fine of not more than \$2,000, by imprisonment for not more than one year, or both.

No part of any amount paid . . . shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with any family allowance . . . and the same shall be unlawful, any contract to the contrary notwithstanding. Any person violating this section shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined in any sum not less than \$100 nor more than \$1,000.

**Sec. 460-80 Death in Service—Benefits Due Dependents**

460-80

Dependents of a man who dies in service are usually entitled to one or more of a variety of benefits, including certain burial expenses, burial flag, etc.

Official notice of death in service is sent by commercial telegraph to the emergency address given by the man on entering service. Notification in any other manner should not be accepted as authentic.

**Sec. 460-83 Death Gratuity of Serviceman**

460-83

Upon death in line of duty, not the result of own misconduct, of an officer, enlisted man, or nurse, a "death gratuity" (six months' pay at rate being received by deceased at death) is payable to widow, children, or other designated beneficiary. Immediately upon official notice of death the military authorities send the necessary forms to the beneficiary.

**Sec. 460-86 Accrued Pay of Serviceman**

460-86

Upon official notice of death the finance officer mails to next of kin the required form on which to apply for any pay which was due the man at date of death. This should be filled out and mailed to General Accounting Office, Washington, D. C. If application form is not received by family within a reasonable time after death of man, they may write to The Adjutant General, War Department, or to Bureau of Supplies and Accounts, Navy Department.

**Sec. 460-89 Other Claims, Following Death in Service**

460-89

In addition to the foregoing, the dependents of a man who dies in service may be entitled to:

**Insurance**—If the man had taken out National Service Life Insurance, his beneficiary is entitled to payments, if insurance was in force. In some cases where man had not taken out any insurance, automatic insurance may be payable.

**Pension**—Dependents of a person who dies in active service are usually entitled to pension.

**Old Age and Survivors' Insurance**—When a serviceman dies, the possibility that he had credits toward the Old Age and Survivors' Insurance benefits of Social Security should be checked. This is only in case his employment prior to military service was in "covered employment." Address inquiries to the regional offices of FSSB. (See Sec. 455-00 to 455-70, AOSI Benefits.)